2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L06000013377



1. Entity Name SUPERIOR TANKER LEASING, LLC						08-07-2008 90009 018 ***138.75				
Principal Place of Business 1428 BRICKELL AVE., SUITE 400 MIAMI, FL 33131			Mailing Address 1428 BRICKELL AVE., SUITE 400 MIAMI, FL 33131			50009133				
Principal Place of Business - No P.O. Box #										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08052008	Chg-LLC	CR2E	083 (12/06	5)
City & State			City & State			4. FEI Numb			-	Applied For Not Applicable
Zip	Zip Country		Zip	Country			e of Status Desired		\$5.00 A Fee Requi	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
0.0000000000000000000000000000000000000					Name					
CUMMINGS, PAUL M 1428 BRICKELL AVE., SUITE 400 MIAMI, FL 33131			ļ		Street Address	(P.O. Box Numb	per is Not Acceptable	e)		
					City				Zip Co	ode
					,	FL Zip Code				
	e named entit tions of regisi	ly submits this statement for tered agent.	the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. Iar	n familiar wit	h, and accept
SIGNATURE	Signatura tupad	or printed name of registered agent an	TOWN plantage to altitude	E. Danielora	od Agent signature require	ed when reinstation)		DATE		
		or primed hame or registered agent as	(10)	C. I Togloloro	o ngani signatare requit	su whort tempraming)				
	E NOW!!!	FEE IS \$138.75 ember 12, 2008	In accordance with liability company did	s. 607.1	193(2)(b), F.S., tt	he limited		e check	payable to nent of St	
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Due	E NOW!!!	FEE IS \$138.75 ember 12, 2008	In accordance with liability company did	s. 607.1 d not rec	193(2)(b), F.S., the ceive the prior no	he limited	Florida	e check Depart	ment of Sta	ate
9. TITLE NAME	MGR CUMMIN	FEE IS \$138.75 ember 12, 2008 MANAGING MEMBER	In accordance with liability company did	s. 607.1 d not red 10.	193(2)(b), F.S., the ceive the prior not be	he limited	Florida	e check Depart	nent of Sta	ate
9. TITLE NAME STREETADDRESS	MGR CUMMING 1428 BRIG	FEE IS \$138.75 ember 12, 2008 MANAGING MEMBER GS, PAUL M CKELL AVE., SUITE 400	In accordance with liability company did	s. 607.1 d not red 10. TITL NAM STRE	193(2)(b), F.S., the ceive the prior not be the prior not	he limited	Florida	e check Depart	nent of Sta	ate
9. TITLE NAME STREET ADDRESS CITY-SY-21P	MGR CUMMIN	FEE IS \$138.75 ember 12, 2008 MANAGING MEMBER GS, PAUL M CKELL AVE., SUITE 400	In accordance with liability company did	s. 607.1 d not rec 10. TITL NAM STRE	193(2)(b), F.S., the prior not be prior not	he limited	Florida	e check Depart	nent of Sta	ate Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING M