

FILED
May 27, 2008 8:00 am
Secretary of State

04-16-2008 90117 024 ****50.00

05-27-2008 90372 033 ****88.75

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 07000018926			
1. Entity Name Superman, Zamir and Associates, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 14931 E Falcons Lea Drive Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Davie, FL		City & State	
Zip 33331	Country	Zip	Country
4. FEI Number 20-8621808		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable.		DATE	
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner Melody Zamir 14931 E Falcons Lea Drive Davie, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Melody Zamir		4/9/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> Daytime Phone #	

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