

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069183

Entity Name: SUPER CROPPER LLC

FILED  
May 03, 2009  
Secretary of State

**Current Principal Place of Business:**

1975 SANSBURYS WAY  
SUITE 114  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

1975 SANSBURYS WAY  
SUITE 114  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RYAN, DANIEL  
1975 SANSBURYS WAY  
SUITE 114  
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RYAN, DANIEL  
Address: 1975 SANSBURYS WAY SUITE 114  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGR ( ) Delete  
Name: PALLONE, LEONARD  
Address: 1975 SANSBURYS WAY SUITE 114  
City-St-Zip: WEST PALM BEACH, FL 33411 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL RYAN

MGR

05/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date