2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700000772

1. Entity Name

AMERICAN	SUPERIOR	HOLDING	COMPANY,	L.C.
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FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90233 038 ****50.00

Principal Plate of Business	AMEHICAI	N SUPERIOR HOLDING COMP	ANY, L.C.	la Marie						
SITE 400 PLANTATION R. 33324 2. Principal Place of Business Super April 4 Feb. Super April 5 Feb. Super April 4 Feb. Super April 5 Feb. Super Apr	Principal Place	e of Business	Mailing Address			1				
Suite, Apt. #, etc. Suite Apt. #, etc. CHECK HERE IF MAXING CHANGES City & State 4. FEI Number 65-0781199 Application of Special Country 2p Country 2p Country 2p Country 2p Country 5. Certificate of Stotus Desired S5.00 Application Fee Required Fee Requ	600 N. PINE ISLAND ROAD SUITE 400		600 N. PINE ISLAND ROAD SUITE 400		 	The bod head object beaut office t	F 1 (1) 21 (1) 40 (1)	1 88 112 1 88 27 1 8	8) 6 21 9 1 2 11 1	
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S. Certificate of Status Desired Fee Required F	City & State		City & State		4. FEI Num	iber 65-0781199			`	
GRAHAM, WILLIAM, B =	Zip	Country	Zip	Country		5. Certifica	te of Status Desired			
GRAHAM, WILLIAM B.— 215 S. MONROE ST., STE 600 TALLAHASSEE FL 32301 City FL Zp Code 8. The above named onthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FE IS \$50.00 Make Check Payable to 1 Florida Department of State Due By May 1, 2003 P. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES THE WARM VAN METER, WILLIAM Delete Due By May 1, 2003 P. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES THE WARM AVENUE SOUTH, STE 109 CITY-ST-2P THE MGRM Delete TILE MGRM DELATION FL 33324 CITY-ST-2P PLANTATION FL 33324 CITY-ST-2P PLANTATION FL 33324 TILE MGRM DELETA ADDRESS OON , PINE ISLAND RD, SUITE 400 PLANTATION FL 33324 TILE MGRM Delete TILE MGRM Delete TILE MGRM DELETA ADDRESS OON , PINE ISLAND RD, SUITE 400 PLANTATION FL 33324 TILE MGRM DELETA ADDRESS OON , PINE ISLAND RD, SUITE 400 PLANTATION FL 33324 TILE MGRM DELATION FL 33324 TILE MGRM DELETA ADDRESS OON , PINE ISLAND RD, SUITE 400 PLANTATION FL 33324 TILE MGRM DELETA ADDRESS OON , PINE ISLAND RD, SUIT		6. Name and Address of Current R	egistered Agent			7. Name a	nd Address of New Re	gistered A	gent	
215 S. MONROE ST., STE 600 TALLAHASSEE FI. 32301 City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SPARATION FOR THIS STATE THE PROPERTY OF	CDA	CLARA SAMILIARA D		Nan	ne					
City FL Zip Code 8. The above named crity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symatrix Dyeat or phrited name of registered agent and title if explicable. (NOTE Registered Agent sprinted required when refusedrop) Date	215 S. MONROE ST., STE 600		Stre	Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	IALL	ANASSEE FL 32301								
SIGNATURE Signature Signa				City		_		_FL	Zip Cod	e
Signature hypoto to printed reprised registered agent and itself expeditable. NOTE hogicated Agent segments or expenses or counted when meritating)			the purpose of changing its	registered offic	ce or register	ed agent, or b	ooth, in the State of Flori	ida. I am fa	miliar with,	and accept
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE	SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent s	signature required	when reinstating)		DATE		
TITLE NAME NAME VAN METER, WILLIAM 999 9TH AVENUE SOUTH, STE 109 NAPLES FL 34102 TITLE MGRM RENFRO, TIMOTHY A 600 N. PINE ISLAND ROAD, STE. 400 PLANTATION FL 33324 TITLE MGRM LATTA, WILLIAM, S. 600 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM HUDSON, GREG 800 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM HUDSON, GREG 800 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM HUDSON, GREG 800 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM HUDSON, GREG 800 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM BEFTA, VINCENT A 600 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM BEFTA, VINCENT A 600 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM BEFTA, VINCENT A 600 N. PINE ISLAND RD., SUITE 400 PLANTATION FL 33324 TITLE MGRM DELSEANDRESS CITY-ST-ZIP TITLE MGR			Make Check Payable	e to Florida	Departme	nt of State				
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			his filing does not qualify for		stated in Se	ction 119 07/	S)(i) Florida Statutos 1 f	urther certif	v that the in	oformation

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 of rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE 4/21/2003

954-577-2200

Daytime Phone #