
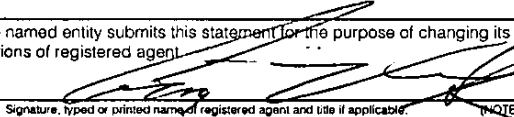



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90025 016 \*\*\*\*50.00

DOCUMENT # L01000016035			
1. Entity Name SPRINGFIELD & MAIN, LLC			
Principal Place of Business 157 E. 8TH STREET SUITE 115 JACKSONVILLE, FL 32206		Mailing Address 157 E. 8TH STREET SUITE 115 JACKSONVILLE, FL 32206	
2. Principal Place of Business 1830 N. main St.		3. Mailing Address 1830 N. main St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32206		Zip 32206	
Country US		Country US	
6. Name and Address of Current Registered Agent VAN HORN, CRAIG S 157 E. 8TH STREET SUITE 115 JACKSONVILLE, FL 32206		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1830 N. main St. City Jacksonville FL Zip Code 32206	
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 		Craig Van Horn 1-15-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN HORN, CRAIG S 157 E. 8TH STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1830 N. main St. JACKSONVILLE FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Craig Van Horn 1-15-05 904-358-3355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	