2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016035

 Entity Name SPRINGFIELD & MAIN, LLC



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

1830 N MAIN ST JACKSONVILLE, FL 32206 Mailing Address

1830 N MAIN ST JACKSONVILLE, FL 32206



DO NOT WRITE IN THIS SPACE

04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3745221

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

VAN HORN, CRAIG S 1830 N MAIN ST JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE

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 (NOTE: Registered	1 Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007	05/23/07-90008-023 50. no
MANAGING MEMBERS/MANAGERS MITILE MGR NAME VAN HORN, CRAIG S STREET ADDRESS 1830 N MAIN ST CITY-ST-ZIP JACKSONVILLE, FL 32206	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 export as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-27-07

904-994-3503

Daytime Phone