## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**FILED** Mar 12, 2008 08:00 A Secretary of State DOCUMENT # L01000016035 1. Entity Name SPRINGFIELD & MAIN, LLC Principal Place of Business Mailing Address 1 B STREET 1 B STREET ST. AUGUSTINE, FL 32085 ST. AUGUSTINE, FL 32085 02272008 No Cha-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3745221 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VAN HORN, HAROLD H JR. DO NOT WRITE 1 B STREET ST. AUGUSTINE, FL 32085 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 DATE U00000858133 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 03/27/08-80079-014 138.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE VAN HORN, HAROLD H JR. NAME STREET ADDRESS 1 B STREET CITY-ST-ZIP ST. AUGUSTINE, FL 32085 MGR TITLE VAN HORN, CLETA M NAME STREET ADDRESS 1 B STREET CITY-ST-ZIP ST. AUGUSTINE, FL 32085 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

I hereby certify that the information supplied with this filling 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 report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OR R AUTHORIZED REPRESENTATIVE