

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90017 015 *****50.00

DOCUMENT # L02000003654

1. Entity Name
SPRINGBOARD CAPITAL I, LLC



Principal Place of Business
**4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256**

Mailing Address
**4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256**

20034036



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03232006 Chg-LLC CR2E083 (11/05)

City & State
Zip Country

4. FEI Number
59-3270210

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSSITER, ALAN W
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
SPRINGBOARD CAPITAL MANAGEMENT INC.
4905 BELFORT ROAD, SUITE 110
JACKSONVILLE, FL 32205**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
ROSSITER, ALAN W
4905 BELFORT RD #110
JACKSONVILLE, FL 32256**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**~~GEO~~
KERN, BRUCE
9143 PHILLIPS HWY, STE 540
JACKSONVILLE, FL 32256**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**C
Doug Wilson
5140 Bridlewood Court
Ponte Vedra Beach, FL 32082**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alan W. Rossiter 4/4/06 904-861-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #