

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90268 044 ***138.75

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**

2. Principal Place of Business - No P.O. Box #
11512 Lake Mead Ave Bldg 100
Suite, Apt. #, etc.
Jacksonville, FL

3. Mailing Address
11512 Lake Mead Ave Bldg 100
Suite, Apt. #, etc.
Jacksonville, FL

City & State
32256 USA
Zip Country

City & State
32256 USA
Zip Country

03042008 Chg-LLC CR2E083 (12/06)

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
Alan W. Rossiter
Street Address (P.O. Box Number is Not Acceptable)
11512 Lake Mead Ave Bldg 100
Jacksonville **32256**
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**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
**C
KERN, BRUCE
11512 LAKE MEAD AVE BLDG 100
JACKSONVILLE, FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Springboard Capital Management, LLC
11512 Lake Mead Ave Bldg 100
Jacksonville, FL 32256** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Alan W. Rossiter
11512 Lake Mead Ave. Bldg 100
Jacksonville, FL 32256** ☒ Change ☐ Addition

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

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

3/4/08

Date

904-261-2400

Daytime Phone #