

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90109 041 \*\*\*\*50.00

<b>DOCUMENT # L02000018395</b> 1. Entity Name <b>SPRINGFIELD SQUARE INVESTMENT COMPANY, LLC</b>					
Principal Place of Business <b>1554 NORTH MAIN STREET JACKSONVILLE, FL 32206</b>			Mailing Address <b>1231 N LAURA ST JACKSONVILLE, FL 32206</b>		
2. Principal Place of Business <b>1554 N. Main St.</b>		3. Mailing Address 		05302006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>27-0024137</b>	
City & State <b>Jacksonville FL</b>		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32206</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>O'STEEN, JAMES R 1231 N. LAURA ST JACKSONVILLE, FL, FL 32206</b>				7. Name and Address of New Registered Agent Name <b>Claude R Moulton</b> Street Address (P.O. Box Number is Not Acceptable) <b>2014 N. Laura St.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32206</b>	
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 				DATE <b>5/30/06</b>	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'STEEN, JAMES R 1231 NORTH LAURA STREET JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Waffa H. Alabed 1554 N. Main St. Jacksonville FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'STEEN, ANGELA R 1231 NORTH LAURA STREET JACKSONVILLE, FL 32206	<input checked="" 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 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: 			Claude R. Moulton 5/30/06 904-632-0120		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		