

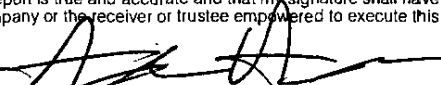


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90041 037 ****50.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # L02000020299 1. Entity Name SPRINGHILL DEVELOPMENT GROUP, LLC | | | |  | |
| Principal Place of Business 240-D NW 76TH DRIVE GAINESVILLE, FL 32607 | | | Mailing Address 240-D NW 76TH DRIVE GAINESVILLE, FL 32607 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | <div style="font-size: 24px; font-weight: bold;">24001505</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 01052004 Chg-LLC CR2E083 (10/03) </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4. FEI Number APPLIED FOR </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> <div style="margin-left: 5px;"> 5. Certificate of Status Desired \$50.00 Additional Fee Required </div> </div> | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent HODOR, ANDREW 240-D NW 76TH DRIVE GAINESVILLE, FL 32607 | | | | | |
| 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) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HODOR, HOWARD 240-D NW 76TH DRIVE GAINESVILLE, FL 32607 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HODOR, ANDREW 240-D NW 76TH DRIVE GAINESVILLE, FL 32607 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PARRISH, JAMES M JR 1405 NW 13TH STREET GAINESVILLE, FL 32601 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1-8-04 352.331.9949 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |