CR2E083 (10/02)

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

240-D NW 76TH DRIVE

## DOCUMENT # L02000020299

1. Entity Name

Principal Place of Business

240-D NW 76TH DRIVE

SPRINGHILL DEVELOPMENT GROUP, LLC



FILED

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SECRETARY OF STATE TALEAHASSEE, FLORIDA

INESVILLE FL 32607			GAINESVILLE PC 32007	GAINESVILLE PC 32007				
Principal Place of Business			3. Mailing Address	3. Mailing Address				10 (0)( )00(
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State	City & State		4. FEI Number		olied For Applicable
Zip		Country	Zip	Country	- 5. Certificat	e of Status Desired		
<del>-</del> .	6 Nama a	nd Address of Curre	nt Registered Agent			d Address of New Registered		
	O. Name a	na Address of Gare	m rogiotei ou rigo	Name		·		
	or, andre\ D nw 76th			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
	iesville fl				<del>_</del>			
				City		FL		
. The above the obligation	named entity sons of register	submits this statemented agent.	for the purpose of changing its	registered office or regis	stered agent, or b	oth, in the State of Florida. I am	familiar with, a	and accept
IGNATURE _	Signeture, typed or	printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE		
			FILE No Make Check Payab Du	OW!!! FEE IS \$50.0 le to Florida Departr e By May 1, 2003		ACCUTIONS (CUIANCE		
).		MANAGING MEN	IBERS/MANAGERS	10.		ADDITIONS/CHANGE	Change	Addition
ITLE	MGR	IOW/ADD	☐ Delete	TITLE NAME			Change	Addition
IAME	HODOR, H	76TH DRIVE		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		LE FL 32607		CITY-ST-ZIP				
TITLE	MGR	LL I L OLOG	☐ Delete	TITLE		·	Change	Addition
NAME	HODOR, A			NAME		0000099541 8/0301044 <u>001</u>	96	
STREET ADDRESS		76TH DRIVE		STREET ADDRESS  CITY-ST-ZIP	UI/U 	8\n3nTn44 <u>n</u> nT	<u>**50.00</u>	
CITY-ST-ZIP		LLE:FL:32607	□ Delete	TITLE			☐ Change	Addition
TITLE NAME	MGR	JAMES M JR	Li Delete	NAME				
STREET ADDRESS		13TH STREET		STREET ADDRESS			· ·	
CITY-ST-ZIP		LLE FL 32601		CITY-ST-ZIP				
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NAME				NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP				
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title Name	1		<u> </u>	NAME				
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NAME				NAME STREET ADDRESS		1.1	2 A	$IX^{\cup}$
STREET ADDRESS				CITY-ST-ZIP		1-1	- W	

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 peciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TYPEL OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Da

Daytime Phone