

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000028364

1. Entity Name  
SPRINGER PROPERTIES, LLC



Principal Place of Business  
4625 DELWOOD VIEW BOULEVARD  
PANAMA CITY, FL 32408 US

Mailing Address  
4625 DELWOOD VIEW BOULEVARD  
PANAMA CITY, FL 32408 US



05182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0140628

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SPRINGER, STEPHEN D  
4625 DELWOOD VIEW BOULEVARD  
PANAMA CITY, FL 32408

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

000000371264  
07/07/05-80010-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SPRINGER, STEPHEN D  
4625 DELWOOD VIEW BLVD  
PANAMA CITY, FL 32408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SPRINGER, SCOTT G  
6906 DALHART LANE  
DALLAS, TX 75214

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

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

July 1, 2005 (205) 447-9610