



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90150 018 ****50.00

DOCUMENT # L03000046731 1. Entity Name SPRINGHILL AND PARTNERS, LLC					
Principal Place of Business 211 E. INTERNATIONAL SPEEDWAY BLVD., #213 DAYTONA BEACH, FL 32118			Mailing Address 211 E. INTERNATIONAL SPEEDWAY BLVD., #213 DAYTONA BEACH, FL 32118		
2. Principal Place of Business Suite, Apt. #, etc. City & State <i>Sani</i> Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State <i>Sani</i> Zip Country			
					
02112004 Chg-LLC CR2E083 (10/03)					
4. FEI Number 20-0425998				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent AMON, URSULA 211 E. INTERNATIONAL SPEEDWAY BLVD., #213 DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent* Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Ursula Amon</i> Ursula Amon 2/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	<i>AMGRM</i> <i>AMON, URSULA</i> <i>211 E Int'l Speedway Blvd 213</i> <i>Daytona Beach, FL 32118</i> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Ursula Amon</i> URSULA AMON 2/25/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					