

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90091 013 ****50.00

DOCUMENT # L04000092376

1. Entity Name
HISTORIC SPRINGFIELD TOWNHOMES LLC



Principal Place of Business
**1830 N MAIN STREET
SUITE 5
JACKSONVILLE, FL 32206 US**

Mailing Address
**1830 N MAIN STREET
SUITE 5
JACKSONVILLE, FL 32206 US**

20004438



01202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2035713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN HORN, CRAIG S
1830 N MAIN STREET
SUITE 5
JACKSONVILLE, FL 32206**

**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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN HORN, CRAIG S 1830 N MAIN, SUITE 5 JACKSONVILLE, FL 32206
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IN THIS SPACE**

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:

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

Craig Van Horn

1-21-06

Date

904 777-0963

Daytime Phone #