
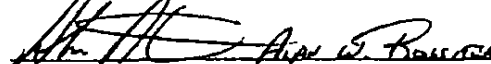


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-21-2006 90014 027 ****50.00

DOCUMENT # L05000073628			
1. Entity Name SPRINGBOARD CAPITAL II, LLC			
Principal Place of Business 4905 BELFORT ROAD SUITE 110 TECHNOLOGY ENTERPRISE CENTER JACKSONVILLE, FL 32256		Mailing Address 4905 BELFORT ROAD SUITE 110 TECHNOLOGY ENTERPRISE CENTER JACKSONVILLE, FL 32256	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-321-7600		Applied For (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRINGBOARD CAPITAL MANAGEMENT, INC. 4905 BELFORT ROAD SUITE 110 TECHNOLOGY ENTERPRISE CENTER JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Addition
NAME		NAME	Administrator Manager
STREET ADDRESS		STREET ADDRESS	Alan W. Rossiter
CITY- ST- ZIP		CITY- ST- ZIP	4905 Belfort Rd., Suite 110 Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Addition
NAME		NAME	Managing Members
STREET ADDRESS		STREET ADDRESS	Doug Wilson
CITY- ST- ZIP		CITY- ST- ZIP	5140 Bridlewood Court Ponte Vedra Beach, FL 32082
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Managing Members
STREET ADDRESS		STREET ADDRESS	TDM Frankland
CITY- ST- ZIP		CITY- ST- ZIP	1200 Riverplace Blvd., Suite 830 Jacksonville, FL 32207
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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: 		Date: 4/4/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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