

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90268 046 ***138.75

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 - No P.O. Box # 11512 Lake Mead Ave Bldg 100 Suite, Apt. #, etc. Jacksonville, FL		3. Mailing Address 11512 Lake Mead Ave Bldg 100 Suite, Apt. #, etc. Jacksonville, FL			
City & State 32256 USA		City & State 32256 USA		4. FEI Number 20-3217600	
Zip 32256		Country USA		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 Springboard Capital Management, LLC Street Address (P.O. Box Number is Not Acceptable) 11512 Lake Mead Ave, Bldg. 100 Jacksonville, FL 32256 City 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: 3/10/08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSITER, ALAN W 4905 BELFORT RD STE 110 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alan W. Rossiter 11512 Lake Mead Ave Bldg 100 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKLAND, TOM 400 RIVERPLACE BLVD STE 830 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tom Frankland 5040 Bentgrass Circle Ponte Vedra Beach, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, DAVID F 404 PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 3/10/08 DAYTIME PHONE #: 904-861-2400	