

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 15, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000000209****1. Entity Name**
SPRINGFIELD RESTORATION GROUP, LLC

Principal Place of Business 1795 PEACHTREE STREET, NE, SUITE 200-B ATLANTA GA 30309	Mailing Address 1795 PEACHTREE STREET, NE, SUITE 200-B ATLANTA GA 30309
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 2222 SAINT JOHNS AVENUE Suite, Apt. #, etc. City & State JACKSONVILLE FL
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3146842	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PURDIE THOMAS J 2222 ST. JOHN JACKSONVILLE FL 32204 US	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.

SIGNATURE THOMAS J. PURDIE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	08/15/2001 <small>DATE</small>
---	--

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL EDWARD R 2537 CREEKWOOD TERRACE DECATUR GA 30030 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BISSETTE MACK D 1795 PEACHTREE ST. NE, STE 200-B ATLANTA GA 30309 <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	MGRM PURDIE THOMAS J 2222 SAINT JOHNS AVE. JACKSONVILLE FL 32204 <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 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: Thomas J. Purdie <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	MGRM 08/15/2001 <small>Date</small>	<small>Daytime Phone #</small>
--	---	--------------------------------

CR2E083 (11/00)