

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M00000000209

FILED
Aug 15, 2002
Secretary of State

Entity Name: SPRINGFIELD RESTORATION GROUP, LLC

Current Principal Place of Business:

1795 PEACHTREE STREET, NE, SUITE 200-B
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

2222 SAINT JOHNS AVENUE
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3146842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURDIE, THOMAS J
2222 ST. JOHN
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PURDIE, THOMAS J
Address: 2222 SAINT JOHNS AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: MGR () Delete
Name: BISSETTE, MACK D
Address: 1795 PEACHTREE ST. NE, STE 200-B
City-St-Zip: ATLANTA, GA 30309 US

Title: MGR () Delete
Name: MITCHELL, EDWARD R
Address: 2537 CREEKWOOD TERRACE
City-St-Zip: DECATUR, GA 30030

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MITCHELL, EDWARD R
Address: 2634 HERSCHEL STREET
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD MITCHELL

MGR

08/15/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date