2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003070

1. Entity Name
SPRINGDALE INVESTMENT GROUP, LLC

Principal Place of Business	Mailing Address
1046 PITTSBURGH ST. SPRINGDALE, PA 15144	1046 PITTSBURGH ST. SPRINGDALE, PA 15144

DO NOT WRITE IN THIS SPACE

05252004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0555735
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARLOWE & MCNABB, P.A.
324 S. HYDE PARK AVE., STE. 210
TAMPA, FL 33606

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CRAWFORD, ROBERT E
STREET ADDRESS	1046 PITTSBURGH ST.
CITY-ST-ZIP	SPRINGDALE, PA 15144
TITLE	MGR
NAME	CRAWFORD, DIANE C
STREET ADDRESS	1046 PITTSBURGH STREET
CITY-ST-ZIP	SPRINGDALE, PA 15144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/07/04-80002-015 50.00

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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: _____ 6/1/04 724-274-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #