


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90040 038 ***150.00

DOCUMENT # P05000118785	
1. Entity Name SPRINGFIELD COMMONS MANAGER CORP.	

Principal Place of Business 1730 EAST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33334	Mailing Address 2101 W. COMMERCIAL BLVD. SUITE 2800 FORT LAUDERDALE, FL 33309
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20007713

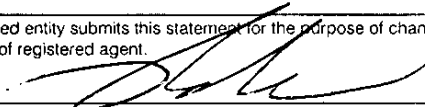


2. Principal Place of Business - No P.O. Box # 3700 Airport Road	3. Mailing Address Suite, Apt. #, etc. Suite 401
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431	Country USA

01092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LYNN, MARK J ESQ. ROBERT S. FORMAN, P.A. 2101 WEST COMMERCIAL BOULEVARD, SUITE 2800 FORT LAUDERDALE, FL 33309	
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7. Name and Address of New Registered Agent Name Robert S. Forman, Esquire	
Street Address (P.O. Box Number is Not Acceptable) 2101 West Commercial Blvd.	
Suite 2800	
City Fort Lauderdale	FL Zip Code 33309

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 3/7/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SHIMM, KENNETH L 2101 W. COMMERCIAL BLVD. SUITE 2800 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	Date 3/7/07	Daytime Phone # 561-391-1751
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Kenneth L. Shimm, President