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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

REC'D S.E.C. AUG 12 2005

RECEIVED AUG 10 2005 SECTION 4(6)

OMB APPROVAL [Redacted] O E E h: [Barcode] 05063007 Prefix Serial DATE RECEIVED

Name of Offering (Springboard Capital I, LLC) Filing Under (Rule 504, Rule 505, Rule 506, Section 4(6), ULOE) Type of Filing (New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer Name of the Issuer (Springboard Capital II, LLC) Address of Executive Offices (4905 Belfort Road, Suite 110, Jacksonville, FL 32256) Telephone Number (904) 730-4700

PROCESSED AUG 12 2005

Type of Business Organization (other: limited liability company)

Actual or Estimated Date of Incorporation or Organization: 07 05 Actual

Jurisdiction of Incorporation or Organization: FL

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Information Required: A new filing must contain all information requested. Filing Fee: There is no federal filing fee. State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Administrator/Member Director General and/or Managing Partner

Full Name (Last name first, if individual)

Springboard Capital Management, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

4905 Belfort Road, Suite 110, Jacksonville, Florida 32256

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Geddes, James J. Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

790 Briarcreek Rd., Jacksonville, Florida 32225

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Thompson, Joseph and Carol

Business or Residence Address (Number and Street, City, State, Zip Code)

24905 Marsh Landing Parkway, Ponte Vedra Beach, Florida 32082

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Watson, J. Eugene Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

245 Joey Drive., St. Augustine, Florida 32080-6446

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Coggin, Luther W.

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 3499, Ponte Vedra Beach, Florida 32004

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Stickland, David M.

Business or Residence Address (Number and Street, City, State, Zip Code)

9020 Marsh View Court, Ponte Vedra Beach, Florida 32082

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Kern, Bruce R.

Business or Residence Address (Number and Street, City, State, Zip Code)

128 Teal Pointe Lane, Ponte Vedra Beach, Florida 32082

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Howard, David A. Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

105 Lamplighter Lane, Ponte Vedra Beach, Florida 32082

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Twilight Ventures, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

9009 Regency Square Blvd., Jacksonville, Florida 32211

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Johnson, Lawrence G.

Business or Residence Address (Number and Street, City, State, Zip Code)

500 A. N. Ellis Rd., Jacksonville, Florida 32254

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Clarkson, Charles A.

Business or Residence Address (Number and Street, City, State, Zip Code)

3100 University Boulevard South, Suite 200, Jacksonville, Florida 32216

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Bower, Bruce E.

Business or Residence Address (Number and Street, City, State, Zip Code)

One Independent Dr., Suite 1600, Jacksonville, Florida 32202

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Harper, John

Business or Residence Address (Number and Street, City, State, Zip Code)

24448 Moss Creek Lane, Ponte Vedra Beach, Florida 32082

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Rossiter, Alan W.

Business or Residence Address (Number and Street, City, State, Zip Code)

4905 Belfort Rd., Suite 110, Jacksonville, Florida 32256

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Roche, Robert M.

Business or Residence Address (Number and Street, City, State, Zip Code)

12976 Planters Creek Cir. S., Jacksonville, Florida 32224

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Hughes, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)

3581 Silvery Lane, Jacksonville, Florida 32217

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

PMAI, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

408 Ocean Front, Neptune Beach, Florida 32266

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

McCormick, Michael

Business or Residence Address (Number and Street, City, State, Zip Code)

1796 Bayshore Drive, Englewood, Florida 34223

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Shad, Harold W. III

Business or Residence Address (Number and Street, City, State, Zip Code)

2720 Park Street, Suite 205, Jacksonville, Florida 32205

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Tanzler, Hans III

Business or Residence Address (Number and Street, City, State, Zip Code)

3965 Ortega Boulevard, Jacksonville, Florida 32210

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Wilson, Douglas A.

Business or Residence Address (Number and Street, City, State, Zip Code)

5140 Bridlewood Court, Ponte Vedra Beach, Florida 32082

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Member General and/or Managing Partner

Full Name (Last name first, if individual)

Kirill, Peter Jr.

Business or Residence Address (Number and Street, City, State, Zip Code)

3827 Ortega Boulevard, Jacksonville, Florida 32210

B. INFORMATION ABOUT OFFERING

Yes No

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?.....

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$50,000

Yes No

3. Does the offering permit joint ownership of a single unit?.....

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States)..... All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ _____	\$ _____
Equity.....	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other (Specify limited liability company interests)	\$ <u>4,000,000</u>	\$ <u>1,050,000</u>
Total.....	\$ <u>4,000,000</u>	\$ <u>1,050,000</u>

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.....	<u>21</u>	\$ <u>1,050,000</u>
Non-accredited Investors		\$ _____
Total (for filings under Rule 504 only)		\$ _____

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505.....	_____	\$ _____
Regulation A.....	_____	\$ _____
Rule 504.....	_____	\$ _____
Total.....	_____	\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	<input type="checkbox"/>	\$ _____
Printing and Engraving Costs	<input type="checkbox"/>	\$ _____
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>25,000</u>
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ _____
Other Expenses (identify)	<input type="checkbox"/>	\$ _____
Total.....	<input checked="" type="checkbox"/>	\$ <u>25,000</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

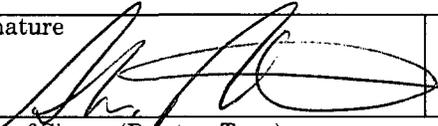
b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” \$ 3,975,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose in not known, furnish an estimate and check the box to the left of the estimate. The total of the payment listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.

	Payment to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Working capital.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other (specify): <u>Portfolio Investments</u>	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>3,975,000</u>
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals.....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ <u>3,975,000</u>
Total Payments Listed (column totals added).....		<input checked="" type="checkbox"/> \$ <u>3,975,000</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Springboard Capital II, LLC	Signature 	Date August 5, 2005
Name of Signer (Print or Type) Alan W. Rossiter	Title of Signer (Print or Type) President of Administrator	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.)

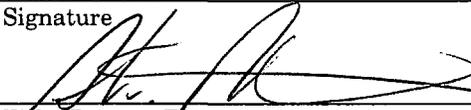
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Springboard Capital II, LLC	Signature 	Date August 5, 2005
Name (Print or Type) Alan W. Rossiter	Title (Print or Type) President of Administrator	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X							
AK		X							
AZ		X							
AR		X							
CA		X							
CO		X							
CT		X							
DE		X							
DC		X							
FL		X	LLC Interest \$4,000,000	21	\$1,050,000	0	0		X
GA		X							
HI		X							
ID		X							
IL		X							
IN		X							
IA		X							
KS		X							
KY		X							
LA		X							
ME		X							
MD		X							
MA		X							
MI		X							
MN		X							
MS		X							
MO		X							

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and Amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT		X							
NE		X							
NV		X							
NH		X							
NJ		X							
NM		X							
NY		X							
NC		X							
ND		X							
OH		X							
OK		X							
OR		X							
PA		X							
RI		X							
SC		X							
SD		X							
TN		X							
TX		X							
UT		X							
VT		X							
VA		X							
WA		X							
WV		X							
WI		X							
WY		X							
PR		X							