


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018673 1. Entity Name S & N LLC	
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FILED

05 SEP -7 PH 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2525 S. MONROE STREET EXPOSED TALLAHASSEE, FL 32312	Mailing Address 532 W. 5TH AVENUE C/O SHAWANTE MITCHELL TALLAHASSEE, FL 32303
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2. Principal Place of Business Suite, Apt. #, etc. 532 West 5th Ave City & State Tallahassee, FL Zip 32303	3. Mailing Address Suite, Apt. #, etc. Leon City & State Leon Zip Leon	4. FEI Number 09072005 Chg-LLC CR2E083 (10/03)
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MITCHELL, SHAWANTE 532 W. 5TH AVENUE TALLAHASSEE, FL 32303 <div style="text-align: center; font-size: 2em; font-family: cursive;">SM</div>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, SHAWANTE 532 W. 5TH AVENUE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICKERS, NAVE 1310 IDAHO STREET TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 200059412712 09/07/05--01036--014 **100.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: Shawante Mitchell Date: 9/7/05 Daytime Phone #: 251-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE