


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000025444 1. Entity Name SNC DRIVE-IN HERNANDO #1, L.L.C.	
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Principal Place of Business 4667 COMMERCIAL WAY SPRING HILL, FL 34606 US	Mailing Address P.O. BOX 2064 HOMOSASSA SPRINGS, FL 34447 US
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04272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3873688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, GREGORY M 106 BYRSONIMA CIRCLE HOMOSASSA, FL 34446
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000346851
04/30/05-80092-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GK JONES & CO., LLC PO BOX 2064 HOMOSASSA SPRINGS, FL 34447
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONES, GREGORY M PRESIDE 106 BYRSONIMA CR. HOMOSASSA, FL 34446
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #