

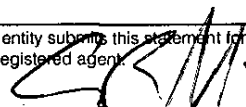
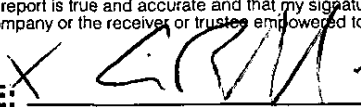


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90182 002 ****50.00

DOCUMENT # L03000009667 1. Entity Name SNR TECHNOLOGIES GROUP, LLC					
Principal Place of Business 250-B NORTHWEST 76TH DRIVE GAINESVILLE, FL 32607			Mailing Address 250-B NORTHWEST 76TH DRIVE GAINESVILLE, FL 32607		
2. Principal Place of Business 106SW 140 Terrace Suite, Apt. #, etc. Suite 1 City & State Newberry FL Zip 32669 Country alachua		3. Mailing Address 106SW 140 Terrace Suite, Apt. #, etc. Suite 1 City & State Newberry FL Zip 32669 Country alachua			
					
03092004 Chg-LLC CR2E083 (10/03)					
4. FEI Number 45-0507093				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BUFFKIN, ERIC 250-B NORTHWEST 76TH DRIVE GAINESVILLE, FL 32607	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 106SW 140 Terr., #1 Newberry City FL Zip Code 32669				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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS					
TITLE	MGRM Buffkin, Eric 106 SW 140 Terr #1 Newberry, FL 32669	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	MGRM Teegen, John 106 SW 140 Terr. #1 Newberry, FL 32669	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, MANAGER, OR AUTHORIZED REPRESENTATIVE				3/16/04 352-331-3347 Date Daytime Phone #	