2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# L03000019040

Entity Name: S. & P.N.B., LLC

Current Principal Place of Business:

5460 APALACHEE PARKWAY
TALLAHASSEE, FL 32311

New Principal Place of Business:

700 MEDALLION WAY
TALLAHASSEE, FL 32317

Current Mailing Address:

700 MEDALLION WAY
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 54-2121634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, MARY ELLEN
17 HIGH DRIVE, SUITE C
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GRAY, SIDNEY E
Address: 5460 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM ( ) Delete
Name: OSTERBYE, PAUL & LOR, NA, TEN. BY EN T IRETIES
Address: 5460 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRAY, SIDNEY E
Address: 700 MEDALLION WAY
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM (X) Change ( ) Addition
Name: OSTERBYE, PAUL & LOR, NA, TEN. BY EN T IRETIES
Address: 700 MEDALLION WAY
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LORNA OSTERBYE MGRM 04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date