2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# L03000032984

Entity Name: SNS, L.L.C.

Current Principal Place of Business:

5584 OAK GROVE CT.
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5584 OAK GROVE CT.
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 05-0586323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWAB, JOSEPH TROY
5584 OAK GROVE CT.
SARASOTA, FL 34233

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:	SCHWAB, JOSEPH TROY	
Address:	5584 OAK GROVE CT.	
City-St-Zip:	SARASOTA, FL 34233	
Title:	MGRM	( ) Delete
Name:	SCHWAB, JOSEPH JOHN	
Address:	1657 RIDGEWOOD LANE	
City-St-Zip:	SARASOTA, FL 34231	
Title:	MGRM	( ) Delete
Name:	GUSTAV, ERIC NELSON	
Address:	3382 SAVAGE ROAD	
City-St-Zip:	SARASOTA, FL 34231	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	NELSON, GUSTAV ERIC	
Address:	3382 SAVAGE ROAD	
City-St-Zip:	SARASOTA, FL 34231	

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: GUSTAV ERIC NELSON MGRM 05/03/2004

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