

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038361

FILED
Apr 13, 2006
Secretary of State

Entity Name: SNS INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

310 SALVADOR SQ.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 547863
ORLANDO, FL 32854 US

New Mailing Address:

FEI Number: 20-0284108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTON, GERALD S
310 SALVADOR SQ.
WINTER PARK, FL 32789 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/MANAGERS:

Title: MGRM () Delete
Name: SUTTON, GERALD S
Address: 310 SALVADOR SQ.
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM () Delete
Name: TRESSLER, RICHARD W JR.
Address: 4413 YACHTMANS CT.
City-St-Zip: ORLANDO, FL 32812

Title: MGRM () Delete
Name: DORMINY, WILLIAM R
Address: 2674 ULTRA VISTA DR.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TRESSLER, RICHARD W JR.
Address: PO BOX 547863
City-St-Zip: ORLANDO, FL 32854

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GERALD S SUTTON

MGRM

04/13/2006

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