

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052363

Entity Name: SNOWELLS, LLC

FILED
Aug 05, 2006
Secretary of State

Current Principal Place of Business:

505 W. HARVARD STREET
ORLANDO, FL 32804

New Principal Place of Business:

301 E. PINE STREET
1150
ORLANDO, FL 32801

Current Mailing Address:

505 W. HARVARD STREET
ORLANDO, FL 32804

New Mailing Address:

8 MARGO TRAIL
ROME, GA 30161

FEI Number: 20-2894169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WELLS, GRANT N
505 W. HARVARD STREET
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

WELLS, GRANT N
301 E. PINE STREET
1150
ORLANDO, FL 32801 US

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: GRANT WELLS

08/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: WELLS, GRANT N
Address: 301 E. PINE STREET, STE 1150
City-St-Zip: ORLANDO, FL 30801

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: GRANT WELLS

MGR

08/05/2006

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