

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90078 035 ****50.00

DOCUMENT # L05000094407					
1. Entity Name SNA CONSTRUCTION LLC					
Principal Place of Business PO BOX 171 NEW SMYRNA BEACH, FL 32170 US			Mailing Address PO BOX 171 NEW SMYRNA BEACH, FL 32170 US		
2. Principal Place of Business 3913 US HWY 411 S.		3. Mailing Address 3913 US HWY 411 S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Maryville, TN.		City & State Maryville, TN		4. FEI Number 20-3523263	
Zip 37801		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE SUITE B PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME VANCE, SAMUEL STREET ADDRESS PO BOX 171 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170	<input type="checkbox"/> Delete		TITLE MGR NAME VANCE, SAMUEL STREET ADDRESS 3913 U.S. Highway 411 South Maryville, TN 37801 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME VANCE, ANN STREET ADDRESS PO BOX 171 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170	<input type="checkbox"/> Delete		TITLE MGR NAME VANCE, ANN STREET ADDRESS 3913 U.S. Highway 411 South Maryville, TN 37801 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			7/24/06 386-295-9870		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		