2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000308

1. Entity Name S & N PROPERTIES, LLC



FILED
Jul 13, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

8030 FIRST COAST HIGHWAY, #2C AMELIA ISLAND, FL 32034 8030 FIRST COAST HIGHWAY, #2C AMELIA ISLAND, FL 32034



07062004 No Chg-LLC

CR2E083 (10/03)

58-2378327 5. Certificate of Status Desired	 Not Applicat \$5.00 Additional	ole
58-2378327	 Not Applicat	ole
4. FEI Number	Applied For	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NELSON, RICHARD A 8030 FIRST COAST HIGHWAY, #2C FERNANDINA BEACH, FL 32034

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature	e required when relessating)	DATE
Fii Due i	ling Fee is \$50.00 by Soptember 8, 2004	-	,	
S.	MANAGING MEMBERS/MANAGERS			<u> </u>
TITLE HAME STREET ADDRECS CITY-ST-ZIP	MGRM SCAFFIDE, SAM 7640 WENTWORTH DRIVE DULUTH, GA 30097			UNAAAA165957 07/13/ 04- 80003-006 50.00
TITLE HAME STREET ADDRESS CHY-ST-ZIP	MGRM NELSON, DICK 8030 FIRST COAST HIGHWAY, #2C AMELIA ISLAND, FL 32034			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE
TITLE NAME STRIFT ADDRESS GITY-ST-ZIP			IN T	HIS SPACE
TITLE KAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shoulity company or the receiver or trustee empowered to execute the company or the receiver or tr	juality for the exemption state all have the same legal effec- cute this report as required by	d in Section 119.07(3)(i), it as if made under oath; if y Chapter 608, Florida Sta	Florida Statutes. Tfürther certify that the Information at I am a managing member or manager of the tutes.

SIGNING MAN GING MEMBER, OR AUTHORIZED REPRESENTATIVE