

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001937

1. Entity Name
SNS ORLANDO-04, LLC



Principal Place of Business
**7309 E. COLONIAL DRIVE
ORLANDO, FL 32807**

Mailing Address
**2120 16TH AVENUE SOUTH
BIRMINGHAM, AL 35205**



04162004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1281165

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KELLEY, SAMUEL W
105 CHURCH STREET, SUITE C
RAINBOW CITY, AL 35906**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
COLEGROVE, DON
105 CHURCH STREET, SUITE C
RAINBOW CITY, AL 35906**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SNS HOLDINGS, INC.
105 CHURCH STREET, SUITE C
RAINBOW CITY, AL 35906**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

04/30/04-63-1281165-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Samuel W. Kelley

4/27/04 (205) 939-0227

Date

Daytime Phone #