


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # M01000001938**

1. Entity Name  
**SNS ORANGE PARK, LLC**



Principal Place of Business      Mailing Address

**317 BLANDING BLVD.  
 ORANGE PARK, FL 32073**      **2120 16TH AVENUE SOUTH  
 BIRMINGHAM, AL 35205**

**DO NOT WRITE IN THIS SPACE**



03022004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>63-1281167</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (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	MGRM 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	MGRM SNS HOLDINGS, INC. 105 CHURCH STREET 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	

**DO NOT WRITE IN THIS SPACE**

04/30/04 08:00 AM \$0.00

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:** Samuel W. Kelley      **Samuel W. Kelley**      4/27/04      (205) 939-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #