

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000001938
 1. Entity Name
 SNS ORANGE PARK, LLC



Principal Place of Business Mailing Address
 317 BLANDING BLVD. 2120 16TH AVENUE SOUTH
 ORANGE PARK, FL 32073 BIRMINGHAM, AL 35205

DO NOT WRITE IN THIS SPACE



01062005 No Chg-LLC CR2E083 (10/03)
 4. FEI Number Applied For
 63-1281167 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

110110204228
 01/29/05-80081-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KELLEY, SAMUEL W
STREET ADDRESS	105 CHURCH STREET, SUITE C
CITY-ST-ZIP	RAINBOW CITY, AL 35906
TITLE	MGR
NAME	COLEGROVE, DON
STREET ADDRESS	105 CHURCH STREET, SUITE C
CITY-ST-ZIP	RAINBOW CITY, AL 35906
TITLE	MGRM
NAME	SNS HOLDINGS, INC.
STREET ADDRESS	105 CHURCH STREET
CITY-ST-ZIP	RAINBOW CITY, AL 35906
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sam W. Kelley *Sam W. Kelley* 1/25/05 (256) 442-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #