

**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  
 317 BLANDING BLVD.  
 ORANGE PARK, FL 32073

Mailing Address  
 2120 16TH AVENUE SOUTH  
 BIRMINGHAM, AL 35205

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
 63-1281167 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

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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 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	

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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 #