


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90364 028 ****50.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03122007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 63-1281167	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLEY, SAMUEL W 4302 GANDY BLVD TAMPA, FL 33611				Name <i>Samuel W. Kelley</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>1212 Whiting Street East #501</i>	
				City <i>Tampa</i>	
				FL Zip Code <i>33602</i>	
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 <i>Samuel W. Kelley</i>				DATE <i>3/21/07</i>	
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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, SAMUEL W		NAME	<i>Kelley, Samuel W.</i>	
STREET ADDRESS	4302 GANDY BLVD		STREET ADDRESS	<i>1212 Whiting Street East #501</i>	
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP	<i>Tampa, FL 33602</i>	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEGROVE, DON		NAME		
STREET ADDRESS	217 HUGHES AVE		STREET ADDRESS		
CITY-ST-ZIP	ATTALLA, AL 35954		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNS HOLDINGS, INC.		NAME	<i>SNS Holdings, Inc</i>	
STREET ADDRESS	214 HUGHES AVE		STREET ADDRESS	<i>217 Hughes Avenue</i>	
CITY-ST-ZIP	ATTALLA, AL 35954		CITY-ST-ZIP	<i>Attalla, AL 35954</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cheryl Gattney, CRA</i>				Date <i>3/28/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <i>205 937-0227</i>	

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