

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000001938

FILED
Apr 22, 2003
Secretary of State

Entity Name: SNS ORANGE PARK, LLC

Current Principal Place of Business:

317 BLANDING BLVD.
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2120 16TH AVENUE SOUTH
BIRMINGHAM, AL 35205

New Mailing Address:

FEI Number: 63-1281167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KELLEY, SAMUEL W
Address: 105 CHURCH STREET, SUITE C
City-St-Zip: RAINBOW CITY, AL 35906

Title: MGRM () Delete
Name: COLEGROVE, DON
Address: 105 CHURCH STREET, SUITE C
City-St-Zip: RAINBOW CITY, AL 35906

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: COLEGROVE, DON
Address: 105 CHURCH STREET, SUITE C
City-St-Zip: RAINBOW CITY, AL 35906

Title: MGRM () Change (X) Addition
Name: SNS HOLDINGS, INC.,
Address: 105 CHURCH STREET
City-St-Zip: RAINBOW CITY, AL 35906

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DON COLEGROVE

MGR

04/22/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date