


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90023 009 \*\*\*\*50.00

**DOCUMENT # M01000001939**  
 1. Entity Name  
 SNS ORLANDO-45, LLC



Principal Place of Business 3750 W. COLONIAL DR. ORLANDO, FL 32808	Mailing Address C/O LARRY B. FROST CPA 2120 16TH AVENUE SOUTH SUITE 300 BIRMINGHAM, AL 35205
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**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 63-1281163	Applied For Not Applicable
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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

**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	MGR COLEGROVE, DON 105 CHURCH ST STE C RAINBOW CITY, AL 35906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M&RM SNS Holdings Inc Address Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

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 #