


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

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	
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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 #