


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**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**



01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number  
**63-1281163**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000204224  
01/29/05-80061-021 50.00

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	MGRM SNS HOLDINGS INC 105 CHURCH ST STE C RAINBOW CITY, AL 35906
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Sam W. Kelley *Sam W. Kelley* 1/29/05 (256) 442-4070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #