
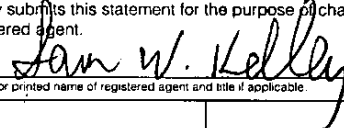
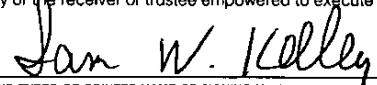


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90153 034 ****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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
01132006		Chg-LLC	CR2E083 (11/05)	
4. FEI Number 63-1281163			Applied For <input type="checkbox"/> 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		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		Name SAMUEL W. KELLEY		
		Street Address (P.O. Box Number is Not Acceptable) 4302 GANDY BLVD.		
		City TAMPA	FL Zip Code 33611	
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 		SAMUEL W. KELLEY, MGR	1/16/06	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEGROVE, DON 105 CHURCH ST STE C RAINBOW CITY, AL 35906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEGROVE, DON 217 HUGHES AVENUE ATTALLA, AL 35954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNS HOLDINGS INC 105 CHURCH ST STE C RAINBOW CITY, AL 35906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNS HOLDINGS, INC. 217 HUGHES AVENUE ATTALLA, AL 35954 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		SAMUEL W. KELLEY 1/16/06 (205) 939-0227		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>	