


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000001939 1. Entity Name SNS ORLANDO-45, LLC	
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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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03192008 No Chg-LLC		CR2E083 (12/07)
4. FEI Number 63-1281163	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KELLEY, SAMUEL W
1212 WHITING ST EAST
SUITE 501
TAMPA, FL 33602

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 reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEGROVE, DON 217 HUGHES AVE ATTALLA, AL 35954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNS HOLDINGS INC 217 HUGHES AVE ATTALLA, AL 35954
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Samuel W. Kelley Samuel W Kelley 4/28/08 (205)39-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #