

## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M01000001940

1. Entity Name SNS TAMPA LLC



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

Principal Place of Business

4302 GANDY BLVD. TAMPA, FL 33611

Mailing Address

C/O LARRY B FROST CPA 2120 16TH AVE SOUTH SUITE 300 BIRMINGHAM, AL 35205



DO NOT WRITE IN THIS SPACE

01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 63-1281160 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

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.	gillig tie logiciaroù allieu ar rogiciotat agorn, et ac	
SIGNATURE Signature, typed or printed name of registered agent and tile if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
		<u> </u>

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

01/29/05-80061-018 50.00

or both in the Ctate of Florids. I am familiar with and some

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM KELLEY, SAMUEL W 2120 16TH AVE SOUTH SUITE 300 BIRMINGHAM, AL 35205 MGRM SNS HOLDINGS, INC. 105 CHURCH STREET	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAINBOW CITY, AL 35906  MGR COLEGROVE, DON 105 CHURCH STREET RAINBOW CITY, AL 35906	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

I have by certify that the information supplied with this little does not quality for the exemption stated in Section 119,07(3)(i), Florida Statues. Flurther 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sam W. Kelley SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

ESENTATIVE NG MANAGING MEMBER, OR AUTHORIZED REP

(256) <u>442-4070</u>

Daytime Phone #