
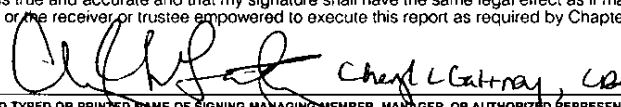


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90362 050 ****50.00

DOCUMENT # M01000001940					
1. Entity Name SNS TAMPA LLC					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 63-1281160	
Zip		Country		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		
KELLEY, SAMUEL 7450 BEACH BLVD JACKSONVILLE, FL 32216			Name Samuel W Kelley Street Address (P.O. Box Number is Not Acceptable) 1212 Whiting Street East #501 City Tampa FL Zip Code 33602		
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			DATE 3/12/07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, SAMUEL W 7450 BEACH BLVD. JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kelley, Samuel W. 7450 Beach Blvd JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNS HOLDINGS, INC. 217 HIGHER AVE. ATTALLA, AL 35954	<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	MGR COLEGROVE, DON 217 HUGHES AVE ATTALLA, AL 35954	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 3/28/07		Daytime Phone #: 939-0227

40112851



03122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 63-1281160 Applied For Not Applicable

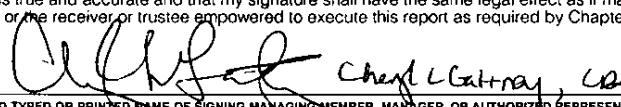
5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: Samuel W Kelley
 Street Address (P.O. Box Number is Not Acceptable): 1212 Whiting Street East #501
 City: Tampa FL Zip Code: 33602

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Filing Fee is \$50.00 Due by May 1, 2007
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 SIGNATURE:  Date: 3/28/07 Daytime Phone #: 939-0227