


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001888 <small>1. Entry Name</small> SNS WINTER PARK, LLC	
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<small>Principal Place of Business</small> 3101 SOUTH ORLANDO DRIVE SANFORD, FL 32773	<small>Mailing Address</small> C/O LARRY B. FROST CPA 2120 16TH AVENUE SOUTH SUITE 300 BIRMINGHAM, AL 35205
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04162004 No Chg-LLC CR2E083 (10/03)

<small>4. FEI Number</small> 02-0615400	<small>Applied For</small> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

NRAI SERVICES, INC
 526 S. PARK AVENUE
 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 _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
<small>TITLE</small> MGRM	<small>NAME</small> SNS HOLDINGS, INC.
<small>STREET ADDRESS</small> 105 CHURCH STREET STE. C	<small>CITY - ST - ZIP</small> RAINBOW CITY, AL 35906
<small>TITLE</small> MGR	<small>NAME</small> COLEGROVE, DON
<small>STREET ADDRESS</small> 105 CHURCH STREET	<small>CITY - ST - ZIP</small> RAINBOW CITY, AL 35906
<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY - ST - ZIP
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<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY - ST - ZIP

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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)(l), 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 Samuel W. Kelley 4/27/04 (205) 939-0227

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