


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

01-30-2006 90153 032 ****50.00

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| DOCUMENT # M02000001888 | | | |  |
| 1. Entity Name SNS WINTER PARK, LLC | | | | |
| Principal Place of Business 3101 SOUTH ORLANDO DRIVE SANFORD, FL 32773 | | 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 02-0615400 Applied For 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 <u><i>Sam W. Kelley</i></u> SAMUEL W. KELLEY, MGR 1/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | MGRM SNS HOLDINGS, INC. 105 CHURCH STREET 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 | MGR COLEGROVE, DON 105 CHURCH STREET 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 | |
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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 60B, Florida Statutes. | | | | |
| SIGNATURE: <u><i>Sam W. Kelley</i></u> | | 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> |