

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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



03192008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0615400	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KELLEY, SAMUEL W  
 1212 WHITING STREET EAST #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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000943938  
 05/29/08-80079-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNS HOLDINGS, INC. 217 HUGHES AVE ATTALLA, AL 35954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEGROVE, DON 217 HUGHES AVE ATTALLA, AL 35954
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**DO NOT WRITE IN THIS SPACE**

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: Larry B. Frost, CPA Larry B. Frost, CPA 4/28/08 (205) 939-0221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #