

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000000463

1. Entity Name
SNS NEW PORT RICHEY, LLC



Principal Place of Business
SOUTHGATE SHOPPING CENTER
5217 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652

Mailing Address
SOUTHGATE SHOPPING CENTER
5217 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 34652



01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0490105

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 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11000000204222
01/29/05-80061-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KELLEY, SAMUEL W
2120 16TH AVENUE SOUTH, SUITE 300
BIRMINGHAM, AL 35205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SNS HOLDINGS
105 CHURCH STREET, SUITE C
RAINBOW CITY, AL 35906

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLEGROVE, DON
105 CHURCH STREET, SUITE C
RAINBOW CITY, AL 35906

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sam W. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/05 (256) 442-4070