

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-30-2006 90153 033 \*\*\*\*50.00

<b>DOCUMENT # M04000000463</b>					
<b>1. Entity Name</b> SNS NEW PORT RICHEY, LLC					
<b>Principal Place of Business</b> SOUTHGATE SHOPPING CENTER 5217 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652			<b>Mailing Address</b> SOUTHGATE SHOPPING CENTER 5217 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01132006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 20-0490105				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			<b>7. Name and Address of New Registered Agent</b>		
Name			SAMUEL W. KELLEY		
Street Address (P.O. Box Number is Not Acceptable)			4302 GANDY BLVD.		
City			TAMPA		FL
Zip Code			33611		
<b>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.</b>					
SIGNATURE <i>Sam W. Kelley</i>			SAMUEL W. KELLEY, MGR 1/16/06		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, SAMUEL W 2120 16TH AVENUE SOUTH, SUITE 300 BIRMINGHAM, AL 35205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLEY, SAMUEL W. 4302 GANDY BLVD. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM SNS HOLDINGS 105 CHURCH STREET, SUITE C RAINBOW CITY, AL 35906		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM COLEGROVE, DON 105 CHURCH STREET, SUITE C RAINBOW CITY, AL 35906		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM COLEGROVE, DON 217 HUGHES AVENUE ATTALLA, AL 35954		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM COLEGROVE, DON 217 HUGHES AVENUE ATTALLA, AL 35954		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM COLEGROVE, DON 217 HUGHES AVENUE ATTALLA, AL 35954		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM COLEGROVE, DON 217 HUGHES AVENUE ATTALLA, AL 35954		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGRM COLEGROVE, DON 217 HUGHES AVENUE ATTALLA, AL 35954		<input type="checkbox"/> Delete	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Sam W. Kelley</i>			SAMUEL W. KELLEY 1/16/06 (205) 939-0227		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		