


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90364 029 ****50.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0490105	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name <u>Samuel W. Kelley</u> Street Address (P.O. Box Number is Not Acceptable) <u>1212 Whiting Street East #501</u> City <u>Tampa</u> FL Zip Code <u>33602</u>		
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>Samuel W. Kelley</u> 3/12/07 <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, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KELLEY, SAMUEL W 4302 GANDY BLVD TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Kelley Samuel W. 1212 Whiting Street East #501 Tampa, FL 33602
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SNS HOLDINGS, INC. 217 HUGHES AVE. ATTALLA, AL 35954	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Colegrove, Don 217 HUGHES AVE ATTALLA, AL 35954
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLEGROVE, DON 217 HUGHES AVE ATTALLA, AL 35954	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Colegrove, Don 217 HUGHES AVE ATTALLA, AL 35954
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Colegrove, Don 217 HUGHES AVE ATTALLA, AL 35954	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Colegrove, Don 217 HUGHES AVE ATTALLA, AL 35954
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Cheryl L. Galtney, CSR</u>			Date <u>3/12/07</u> Daytime Phone # <u>939-0227</u>		