

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093479

FILED
Jul 06, 2005
Secretary of State

Entity Name: SALT LIFE HOLDINGS, LLC

Current Principal Place of Business:

13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 20-2067854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAXWELL, DOUGLAS R
4309 PABLO OAKS COURT
SUITE FIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

COMBS, ROGER L
13051 BEACH BLVD.
SUITE 300
JACKSONVILLE, FL 32246 US

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.

SIGNATURE: ROGER L. COMBS

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMBS, ROGER
Address: 2473 DEN STREET
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM () Delete
Name: COMBS, DONALD
Address: 3870 COASTAL HIGHWAY
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: THOMPSON, RICHARD
Address: 1171 BEACH BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: MOORE, MICHAEL
Address: 208 BELEVEDERE STREET
City-St-Zip: ATLANTIC BEACH, FL 32250 US

Title: MGRM () Delete
Name: HUTTO, MICHAEL T
Address: 3904 LANDFALL LANE WEST
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: CYBERCOM INTERNATIONAL, AL CORPORATION
Address: 4309 PABLO OAKS COURT, STE.THREE
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROGER L. COMBS

MGRM

07/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date