

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000093479



1. Entity Name
SALT LIFE HOLDINGS, LLC

Principal Place of Business
13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

Mailing Address
13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US



02142007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-2067854 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2007

U00000638321
 02/27/07-80025-012 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COMBS, ROGER 2473 DEN STREET ST. AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COMBS, DONALD 3870 COASTAL HIGHWAY ST. AUGUSTINE, FL 32084 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMPSON, RICHARD 1171 BEACH BLVD JACKSONVILLE BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOORE, MICHAEL 208 BELEVEDERE STREET ATLANTIC BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HUTTO, MICHAEL T 3904 LANDFALL LANE WEST JACKSONVILLE BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CYBERCOM INTERNATIONAL CORPORATION 4309 PABLO OAKS COURT, STE.THREE JACKSONVILLE, FL 32224 |

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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: *Roger L. Combs* **Roger L. Combs** **2/14/07** **904-992-9926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #