


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000093479 1. Entity Name SALT LIFE HOLDINGS, LLC	
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Principal Place of Business 13051 BEACH BOULEVARD JACKSONVILLE, FL 32246 US	Mailing Address 13051 BEACH BOULEVARD JACKSONVILLE, FL 32246 US
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-LLC		CR2E083 (12/07)
4. FEI Number 20-2067854	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
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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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000894565
04/24/08-80032-025 138.75

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** 4/8/08 904-992-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #