

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093479

FILED  
Apr 29, 2009  
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:

13051 BEACH BOULEVARD  
STE 300  
JACKSONVILLE, FL 32246 US

## Current Mailing Address:

13051 BEACH BOULEVARD  
JACKSONVILLE, FL 32246 US

## New Mailing Address:

13051 BEACH BOULEVARD  
STE 300  
JACKSONVILLE, FL 32246 US

FEI Number: 20-2067854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

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

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

Title: MGRM (X) Delete  
Name: CYBERCOM INTERNATIONAL 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  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 exemption stated in Chapter 119, 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

MGR

04/29/2009

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