


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000082506 1. Entity Name SALTWATER FARMS LLC	
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FILED
Sep 03, 2008 08:00 AM
Secretary of State



Principal Place of Business 17945 NW 250 TERR. HIGH SPRINGS FL 32643 US	Mailing Address 17945 NW 250 TERR. HIGH SPRINGS FL 32643 US
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2. Principal Place of Business - No P.O. Box # <i>N/A</i>	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number NO-T APPLICABLE	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 WESTMORELAND, WILLIAM P 17945 NW 250 TERR. HIGH SPRINGS FL 32643	7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *N/A* _____ DATE _____

(NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$538.75
Make Check Payable to Florida Department of State
Due By September 3, 2008

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75.

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	WESTMORELAND, WILLIAM P
STREET ADDRESS	17945 NW 250 TERR.
CITY-ST-ZIP	HIGH SPRINGS FL 32643
TITLE	<i>N/A</i> <input type="checkbox"/> Delete
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	L060000958873 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	09/03/08-80006-013 138.75
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *William P Westmoreland* **July 27, 2008** **386-454-3779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #