

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001414

Entity Name: SALSIPUEDES, LLC

FILED
Apr 14, 2004
Secretary of State

Current Principal Place of Business:

417 PORPOISE POINT DRIVE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

417 PORPOISE POINT DRIVE
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 02-0540416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKER, RANDALL L
50 NORTH LAURA STREET, SUITE 2150
JACKSONVILLE, FL 32202 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/MEMBERS:

Title: MGRM () Delete
Name: GARNER, SUSAN J
Address: 417 PORPOISE POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: DAVIS, TIMOTHY W
Address: 1111 CRANDON BLVD., #B502
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGRM () Delete
Name: DAVIS, TIMOTHY W
Address: 1111 CRANDON BLVD., #B502
City-St-Zip: KEY BISCAINE, FL 33149

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:

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: SUSAN J. GARNER

MGRM

04/14/2004

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