2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007
Secretary of State

DOCUMENT# L02000007653

Entity Name: SALTSCAPE SOLUTIONS, LLC

Current Principal Place of Business:

14261 CLUBHOUSE DR.
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

14261 CLUBHOUSE DR.
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 02-0683900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART T. BENNETT
14261 CLUBHOUSE DR.
BOKEELIA, FL 33922 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: BENNETT, STEWART T
Address: 14261 CLUBHOUSE DR.
City-St-Zip: BOKEELIA, FL 33922

Title: MGRM ( ) Delete
Name: ABSHIRE, MICHAEL
Address: 5560 BEE RIDGE RD. #01
City-St-Zip: SARASOTA, FL 34233

Title: MGRM ( ) Delete
Name: BENNETT, CINDY L
Address: 13181 WAYBACK RD.
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ABSHIRE, MICHAEL
Address: 5560 BEE RIDGE RD. #D1
City-St-Zip: SARASOTA, FL 34233

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 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: STEWART T. BENNETT MGRM 02/28/2007

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