2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L03000014349

Entity Name: SALIENT LLC

Current Principal Place of Business:

2902 HYDE PARK ST.
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2902 HYDE PARK ST.
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 56-2353612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SESSIONS, DAVID E
2902 HYDE PARK STREET
SARASOTA, FL 34239 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:	SESSIONS, DAVID	
Address:	2902 HYDE PARK STREET	
City-St-Zip:	SARASOTA, FL 34239	
Title:	MGRM	( ) Delete
Name:	LACIUITA, JOHN F	
Address:	2902 HYDE PARK STREET	
City-St-Zip:	SARASOTA, FL 34239	
Title:	MGRM	( ) Delete
Name:	SIMONDS, WARREN G PH.D	
Address:	2902 HYDE PARK ST.	
City-St-Zip:	SARASOTA, FL 34239	
Title:	MGRM	( ) Delete
Name:	FORMELLA, JOSEPH A	
Address:	2902 HYDE PARK ST.	
City-St-Zip:	SARASOTA, FL 34239	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	LACIVITA, JOHN F	
Address:	2902 HYDE PARK STREET	
City-St-Zip:	SARASOTA, FL 34239	
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: PAT JACKSON CONT 04/22/2005

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