

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90043 049 ***143.75

DOCUMENT # L03000014349

1. Entity Name
SALIENT LLC



Principal Place of Business

**2902 HYDE PARK ST.
SARASOTA, FL 34239**

Mailing Address

**2902 HYDE PARK ST.
SARASOTA, FL 34239**

60001227



01102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2353612

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SESSIONS, DAVID E
2902 HYDE PARK STREET
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SESSIONS, DAVID
2902 HYDE PARK STREET
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
LACIVITA, JOHN F
2902 HYDE PARK STREET
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SIMONDS, WARREN G PH.D
2902 HYDE PARK ST.
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FORMELLA, JOSEPH A
2902 HYDE PARK ST.
SARASOTA, FL 34239**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

DAVID E. SESSIONS

1/11/08

941-366-3116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #