

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093479

FILED
Apr 24, 2006
Secretary of State

Entity Name: SALT LIFE HOLDINGS, LLC

Current Principal Place of Business:

13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 20-2067854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, ROGER L
13051 BEACH BLVD.
SUITE 300
JACKSONVILLE, FL 32246 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: COMBS, ROGER
Address: 2473 DEN STREET
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: MGRM () Delete
Name: COMBS, DONALD
Address: 3870 COASTAL HIGHWAY
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM () Delete
Name: THOMPSON, RICHARD
Address: 1171 BEACH BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: MOORE, MICHAEL
Address: 208 BELEVEDERE STREET
City-St-Zip: ATLANTIC BEACH, FL 32250 US

Title: MGRM () Delete
Name: HUTTO, MICHAEL T
Address: 3904 LANDFALL LANE WEST
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: CYBERCOM INTERNATIONAL, AL CORPORATION
Address: 4309 PABLO OAKS COURT, STE.THREE
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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 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: ROGER L COMBS

M

04/24/2006

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