

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000093479

1. Entity Name
SALT LIFE HOLDINGS, LLC



Principal Place of Business
13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

Mailing Address
13051 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US



04092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-2067854	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COMBS, ROGER L
13051 BEACH BLVD.
SUITE 300
JACKSONVILLE, FL 32246

**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**

U000000894565
04/24/08-80032-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMBS, ROGER 2473 DEN STREET ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMBS, DONALD 3870 COASTAL HIGHWAY ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, RICHARD 1171 BEACH BLVD JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, MICHAEL 208 BELEVEDERE STREET ATLANTIC BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTTO, MICHAEL T 3904 LANDFALL LANE WEST JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CYBERCOM INTERNATIONAL CORPORATION 4309 PABLO OAKS COURT, STE.THREE JACKSONVILLE, FL 32224

**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: Roger L Combs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/08

Date

904 992 9926

Daytime Phone #