2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# L05000071672

Entity Name: SALTWATER DEVELOPMENT, LLC

Current Principal Place of Business:

416 JENKS AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

1301 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444

Current Mailing Address:

416 JENKS AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

1301 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444

FEI Number: 20-4532598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SALE, RALEIGH P
416 JENKS AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

SALE, RALEIGH P
1301 MASSACHUSETTS AVE
LYNN HAVEN, FL 32444 US

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: RALEIGH P. SALE 06/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SALE, RALEIGH P MGRM	
Address:	1301 MASSACHUSETTS AVE.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGRM	( ) Delete
Name:	MCKENZIE, NEIL MGRM	
Address:	1501 NEW JERSEY AVE.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGRM	( ) Delete
Name:	MCRAE, PATRICK MGRM	
Address:	1105 NEW JERSEY AVE.	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	MGRM	( ) Delete
Name:	WELCH, JASON MGRM	
Address:	357 MERCEDES AVE.	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	MGRM	( ) Delete
Name:	DOOLITTLE, MORGAN MGRM	
Address:	334 MERCEDES AVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	MGRM	( ) Delete
Name:	NOLTE, ERIK MGRM	
Address:	1705 MINNESOTA AVE.	
City-St-Zip:	LYNN HAVEN, FL 32444	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: RALEIGH P. SALE MGRM 06/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date