

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089752

Entity Name: S.A.L.T. DEVELOPMENT, LLC

FILED
Jun 16, 2006
Secretary of State

Current Principal Place of Business:

820 ROCAILLE AVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

820 ROCAILLE AVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-3447276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

KRIEGER, SCOTT R
820 ROCAILLE AVE
FORT MYERS, FL 33913 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: KRIEGER, SCOTT R
Address: 820 ROCAILLE AVE
City-St-Zip: FORT MYERS, FL 33931

Title: MGRM () Delete
Name: HOFFMANN, ALLAN F JR.
Address: 18185 USEPPA RD
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: BECKER, LOUIS H
Address: 168 WILLOWICK DR
City-St-Zip: NAPLES, FL 34110

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:

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: SCOTT KRIEGER

MGRM

06/16/2006

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