

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094936

Entity Name: SALTWATER LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

113 PATINA BLVD
PANAMA CITY, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

4205 BERKFORD CIRCLE
ATLANTA, GA 30319 US

New Mailing Address:

FEI Number: 55-2513869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

O'NEAL, WILLIAM B
113 PATINA BLVD
PANAMA CITY, FL 32413 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: WILLIAM B O'NEAL

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'NEAL, HUGH L
Address: 2717 SHETLAND DR.
City-St-Zip: DECATUR, GA 30033 US

Title: MGRM () Delete
Name: O'NEAL, GLORIA M
Address: 2717 SHETLAND DR.
City-St-Zip: DECATUR, GA 30033 US

Title: MGRM () Delete
Name: O'NEAL, WILLIAM B
Address: 4205 BERKFORD CIR
City-St-Zip: ATLANTA, GA 30319 US

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 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: BRIAN O'NEAL

PRES

04/15/2009

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