

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

DOCUMENT # L06000102002

1. Entity Name

SALT ROCK INVESTMENTS, LLC



FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90159 004 ***143.75

Principal Place of Business

695 31ST STREET SOUTH
ST. PETERSBURG FL 33712

Mailing Address

695 31ST STREET SOUTH
ST. PETERSBURG FL 33712



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5777436

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG FL 33701

Name **DANIEL S. BOWMAN**

Street Address (P.O. Box Number is Not Acceptable)

695 31ST STREET SOUTH

City **Saint Petersburg**

FL

Zip Code **33712**

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's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

MGRM
HOOKER, KYLE D
695 31ST ST SOUTH
SAINT PETERSBURG FL 33712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

KYLE D. HOOKER

4/19/08

(727) 466-7224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #