2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000104323

Entity Name

SALTY SHORELINE PROPERTIES, LLC



Principal Place of Business

4445 S. ATLANTIC AVE., #206 PONCE INLET, FL 32127 Mailing Address

4445 S. ATLANTIC AVE., #206 PONCE INLET, FL 32127



04-15-2008 90105 040 ***143.75

90003135



04102008 No Chg-LLC

CR2E083 (12/07)

4. EEI Number 1 ... 20-8026069

Applied For-Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

O'MALLEY, MARLYS W MS 4445 S. ATLANTIC AVE., #206 PONCE INLET, FL 32127

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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
1	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MS O'MALLEY, MARLYS W MS 1279 SLASHAM ROAD ASHVILLE, AL 35121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the ex

DO NOT WRITE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBI

MEMBER, OR AUTHORIZED REPRESENTATIVE

/10/0

846-379-823

Daytime Phone #