2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L96000000004

Entity Name: SALTMARSH FINANCIAL ADVISERS, LLC

Current Principal Place of Business:

900 N 12TH AVE
PENSACOLA, FL 325013305

New Principal Place of Business:

Current Mailing Address:

900 N 12TH AVE
PENSACOLA, FL 325013305

New Mailing Address:

FEI Number: 59-3350310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, RONALD E
900 N 12TH AVE
PENSACOLA, FL 325013305 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:	MGR	( ) Delete
Name:	JACKSON, RONALD E	
Address:	900 N 12TH AVE	
City-St-Zip:	PENSACOLA, FL 325013305 US	
Title:	MGR	( ) Delete
Name:	ADKINS, T MICHAEL	
Address:	900 N 12TH AVE	
City-St-Zip:	PENSACOLA, FL 325013305 US	
Title:	MGR	( ) Delete
Name:	BOTTS, NATHAN	
Address:	900 N 12TH AVE	
City-St-Zip:	PENSACOLA, FL 325013305 US	
Title:	MGR	( ) Delete
Name:	GUND, CHARLES JR	
Address:	900 N 12TH AVE	
City-St-Zip:	PENSACOLA, FL 325013305 US	
Title:	MGR	( ) Delete
Name:	GUND, TED	
Address:	900 N 12TH AVE	
City-St-Zip:	PENSACOLA, FL 325013305 US	
Title:	MGR	( ) Delete
Name:	NOBLE, GREGG	
Address:	900 N 12TH AVE	
City-St-Zip:	PENSACOLA, FL 325013305 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:	
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: RONALD E JACKSON MGR 04/15/2009

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