File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee					FILED CONTRAN PUBLO CONTRANS CONTRANS		
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001059					et cate 1 Alin (Constant) Constant (Constant)		
US SALT HOLDINGS, LLC 3740 BEACH BLVD., SUITE 306 JACKSONVILLE FL 32207					1a. Principal Place of Business Address 3740 BEACH BLVD., SUITE 306 JACKSONVILLE FL 32207		
2 Principal Place of Business 2a. Mailin			ng Address 3. Date O		3. Date Organiz	ed or Qualified	3a. State of Formation
Suite, Apt. #, etc. Suite,			.pt. #, etc		09/21/1	998	DE
					4. FEI Number		Applied For
City & State Ci			ty & State		59-3526	185	Not Applicable
Zip	Country	Zip	Couri	try	5. Date of Last F	leport	6. Certificate of Status Desired S8 75 Additional Fee Required
	7. Name and Address of Current	Agent	8. I	8. Name and Address of New Registered Agent/Office			
DOLAN, TIM 3731 PICKNEY ISLAND CT JACKSONVILLE FL 32224 Street Address (P.O. Box Number Is Not Acceptable) 3 THO BEACH_BOALE VACO Suite, Apl. #, etc. SUITTE 306 City JACKSONVILLE FL 3227 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above named limited liability company submits this statement for the purpose of cl its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the approace as registered agent, and accept the obligations SIGNATUREDATE							Zip Code 37 207 ment for the purpose of changing
10. Titie	Managing Members/Manager			ess Street Address		City, State and Zip Code	
MGRM MGR	DEMETREE, MARK DOLAN, TIM		4020-ALHAMBRA DR WI 3740 BEACH BLUD SU 3731-PINCKNEY-ISLAN 3740 BEACH BLUD SU		ND CT	ID CT JACKSONVILLE FL	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10. or on an attachment with an address.							
SIGNATURE: 4/14/69 (Joh) 306-2010							

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