

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000007457

1. Entity Name  
SARAH G. KELLY #1, L.L.C.



Principal Place of Business

33 LONGWOOD DRIVE  
SHALIMAR, FL 32579

Mailing Address

33 LONGWOOD DRIVE  
SHALIMAR, FL 32579

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3658752

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLEET, H. BART  
FLEET, SPENCER, MARTIN & KILPATRICK, PA  
1104 EGLIN PARKWAY  
SHALIMAR, FL 32579-0000

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IN THIS SPACE**

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 signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000500090  
04/25/06-80007-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KARLSON, CAROL K
STREET ADDRESS	33 LONGWOOD DR
CITY-ST-ZIP	SHALIMAR, FL
TITLE	MGRM
NAME	MENDEL, LILA K
STREET ADDRESS	52 MARLBOROUGH DR
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	MGRM
NAME	KELLY, MARSDEN G
STREET ADDRESS	30100 TORREY PINES CIRCLE
CITY-ST-ZIP	GEORGETOWN, TX
TITLE	MGRM
NAME	KELLY, JOHN G
STREET ADDRESS	PO BOX 733
CITY-ST-ZIP	MONUMENT, CO

**DO NOT WRITE  
IN THIS SPACE**

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:

*Carol K Karlson*

4-5-06 850-651-2703

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

Date

Daytime Phone #