


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007457</b> 1. Entity Name SARAH G. KELLY #1, L.L.C.	
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Principal Place of Business 33 LONGWOOD DRIVE SHALIMAR, FL 32579	Mailing Address 33 LONGWOOD DRIVE SHALIMAR, FL 32579
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01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3658752	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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

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

000000885847  
04/18/08-80030-021 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KARLSON, CAROL K 33 LONGWOOD DR SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MENDEL, LILA K 39 LONGWOOD DR SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KELLY, MARSDEN G 30100 TORREY PINES CIRCLE GEORGETOWN, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KELLY, JOHN G PO BOX 733 MONUMENT, CO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 606, Florida Statutes.

**SIGNATURE:** Carol K Karlson Carol K. Karlson 4/5/08 850-651-2703  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #