

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000007459

1. Entity Name
SARAH G. KELLY #2, 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
59-3658460

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

**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

**Filing Fee is \$50.00
Due by May 1, 2008**

000000500089
04/25/06-80007-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KARLSON, CAROL K
STREET ADDRESS	33 LONGWOOD DRIVE
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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #