

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090177

Entity Name: SARAH NEWMAN, LLC

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

1965 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

109 CARETTA CIRCLE
ST. AUGUSTINE, FL 32086

Current Mailing Address:

1965 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086

New Mailing Address:

109 CARETTA CIRCLE
ST. AUGUSTINE, FL 32086

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, SARAH AP
19 CARETTA CIRCLE
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

KALB, SARAH NEWMAN
109 CARETTA CIRCLE
ST. AUGUSTINE, FL 32086 US

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: SARAH NEWMAN KALB, AP

03/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWMAN, SARAH
Address: 109 CARETTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KALB, SARAH NEWMAN
Address: 109 CARETTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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: SARAH NEWMAN KALB

AP

03/07/2006

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