2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000120372

Address:

City-St-Zip:

Entity Name: SARAH'S MEMORIAL CHAPEL, LLC

FILED Jul 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 728 AVENUE D FORT PIERCE, FL 34950 **Current Mailing Address: New Mailing Address:** 728 AVENUE D FORT PIERCE, FL 34950 FEI Number: 59-3827989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALEXANDER, PERCY 9940 BAYWATER DRIVE BOCA RATON, FL 33496 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ALEXANDER, PERCY Name: Name: Address: 9940 BAYWATER DRIVE Address: City-St-Zip: BAOCA RATON, FL 33496 City-St-Zip: Title: () Delete Title: () Change () Addition ALEXANDER, RUFUS Name: Name: Address: 2304 AVENUE P Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: () Change () Addition HARRIS, PEGGY Name: Name: Address: 2702 AVENUE I Address: City-St-Zip: FORT PIERCE, FL 34947 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, MARJORIE Name: 217 NW GOLDCOAST AVENUE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: Title: () Delete Title: AS () Change (X) Addition JOHNSON, CURTIS E Name: Name:

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.

Address:

City-St-Zip:

1501 NORTH 21ST STREET

FORT PIERCE, FL 34950

SIGNATURE: MARJORIE WILLIAMS T 07/14/2006