

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031124

FILED
May 24, 2007
Secretary of State

Entity Name: CELLEBRATION, LLC

Current Principal Place of Business:

4 SEWANEE CR.
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

4 SEWANEE CR.
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 83-0426143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNGER, ERIK
4 SEWANEE CR.
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: UNGER, ERIK
Address: 4 SEWANEE CR.
City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: UNGER, JONATHAN
Address: 3077 FLINTLOCK DRIVE
City-St-Zip: PENSACOLA, FL 32526 US

Title: SEC () Change (X) Addition
Name: GRIFFIN, TINA
Address: 7001 SOUTHWOOD STREET
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify 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: ERIK UNGER

MGR

05/24/2007

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