

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90075 031 \*\*\*\*50.00

<b>DOCUMENT # L00000004573</b>					
<b>1. Entity Name</b> CELTIC COMMUNICATIONS L.C.					
<b>Principal Place of Business</b> 4541 W MCNAB ROAD #26 POMPANO BEACH, FL 33069			<b>Mailing Address</b> 4541 W MCNAB ROAD #26 POMPANO BEACH, FL 33069		
<b>2. Principal Place of Business</b> 601 N. CONGRESS AVE.		<b>3. Mailing Address</b> 601 N. CONGRESS AVENUE			
Suite, Apt. #, etc. #112		Suite, Apt. #, etc. #112			
City & State DELRAY BCH, FL		City & State DELRAY BCH, FL			
Zip 33445		Zip 33445			
Country PALM BEACH		Country PALM BEACH		04152005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 65-1000939				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SINGER, STEVEN M 88 NE 168 STREET N MIAMI BEACH, FL 33162			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRORY, MICHAEL 4541 W MCNAB ROAD #28 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MULLIGAN, JILL 4541 W. MCNAB RD. #26 POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b>				4/14/05    954-255-1404	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date    Daytime Phone #	