


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001454 *1. Entity Name CELEBRATION PAVILIONS, L.L.C.	
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Principal Place of Business 6900 SR 84 DAVIE, FL 33177	Mailing Address 6900 SR 84 DAVIE, FL 33177
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DO NOT WRITE IN THIS SPACE



04282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1089800	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MANCUSO, SAM 6900 STATE ROAD 84 DAVIE, FL 33177

**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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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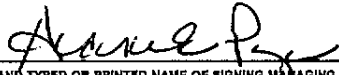
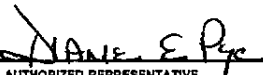
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PECORA, MICHAEL 6900 SR 84 DAVIE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERLIN, JEROME 6900 SR 84 DAVIE, FL 33317
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05/02/05-80085-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  	4/28/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>