

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001454

FILED
May 07, 2008
Secretary of State

Entity Name: CELEBRATION PAVILIONS, L.L.C.

Current Principal Place of Business:

6900 SR 84
DAVIE, FL 33177

New Principal Place of Business:

Current Mailing Address:

6900 SR 84
DAVIE, FL 33177

New Mailing Address:

FEI Number: 65-1089800 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:

Name and Address of New Registered Agent:

BERRY, MICHAEL
6900 STATE ROAD 84
DAVIE, FL 33177 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:

Title: MGRM () Delete
Name: PECORA, MICHAEL
Address: 6900 SR 84
City-St-Zip: DAVIE, FL 33317

Title: MGRM () Delete
Name: BERLIN, JEROME
Address: 6900 SR 84
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PECORA, ARLENE
Address: 6900 SR 84
City-St-Zip: DAVIE, FL 33317

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

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: MICHAEL BERRY

RA

05/07/2008

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