


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000027491 1. Entity Name CELERY CITY PROPERTIES, LLC	
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Principal Place of Business 5374 DEEPWOODS CT SANFORD, FL 32771	Mailing Address 5374 DEEPWOODS CT SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0488810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALLARD, LISA
5374 DEEPWOODS CT
SANFORD, FL 32771**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000128636
04/26/04 80046 012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALLARD, LISA 5374 DEEPWOODS CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALLARD, BRANT 5374 DEEPWOODS CT SANFORD, FL 32771
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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)(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.

SIGNATURE: Lisa A. Ballard 4/20/04 4074021360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LISA A. BALLARD