


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90201 004 \*\*\*\*50.00

<b>DOCUMENT # L02000029207</b> 1. Entity Name <b>CELTIC REALTY LLC</b>			
Principal Place of Business <b>721 S. U.S. HIGHWAY ONE, SUITE 205 NORTH PALM BEACH, FL 33408</b>		Mailing Address <b>721 S. U.S. HIGHWAY ONE, SUITE 205 NORTH PALM BEACH, FL 33408</b>	
2. Principal Place of Business - No P.O. Box # <b>4425 Military Trail</b>		3. Mailing Address <b>4425 Military Trail</b>	
Suite, Apt. #, etc. <b>205</b>		Suite, Apt. #, etc. <b>205</b>	
City & State <b>Jupiter, FL</b>		City & State <b>Jupiter, FL</b>	
Zip <b>33458</b>		Zip <b>33458</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>MACKLIN, GAY 721 S. U.S. HIGHWAY ONE, SUITE 205 NORTH PALM BEACH, FL 33408</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 <u><b>GAY MACKLIN</b></u> DATE <b>1-23-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MYLETT, BRIAN J 721 S. U.S. HIGHWAY ONE, SUITE 205 NORTH PALM BEACH, FL 33408</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4425 Military Trail #205 Jupiter, FL 33458</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MACKLIN, GAY 132 PEABODY DR. JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #