

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000029207**

1. Entity Name  
**CELTIC REALTY LLC**



Principal Place of Business  
**4425 MILITARY TRAIL  
205  
JUPITER, FL 33458**

Mailing Address  
**4425 MILITARY TRAIL  
205  
JUPITER, FL 33458**



03112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2066887**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MACKLIN, GAY  
4425 MILITARY TRAIL, SUITE 205  
JUPITER, FL 33458**

**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

*Gay Macklin*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/11/08*  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000855891  
03/28/08-80030-010 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKLIN, KEVIN 4425 MILITARY TRAIL #205 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MACKLIN, GAY 4425 N. MILITARY TRAIL, SUITE 205 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, TREVOR M 4425 MILITARY TRAIL JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Gay Macklin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/11/08*  
Date

*561-762-4745*  
Daytime Phone #