


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 014 \*\*\*\*50.00

<b>DOCUMENT # L03000013763</b> 1. Entity Name <b>CELESTIAL INVESTMENTS, LLC</b>																										
Principal Place of Business 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181			Mailing Address 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181																							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		Zip																						
Country		Country		01062004 Chg-LLC CR2E083 (10/03)																						
4. FEI Number <b>11-3686744</b>				Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																						
6. Name and Address of Current Registered Agent  <b>HOFFMAN, MARCOS</b> <b>11900 BISCAYNE BLVD., STE. 610</b> <b>MIAMI, FL 33181</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																						
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.				FL Zip Code																						
SIGNATURE _____ (NOTE: Registered Agent signature required when reselecting) DATE _____																										
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOFFMAN, MARCOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11900 BISCAYNE BLVD., STE. 610</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33181</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	HOFFMAN, MARCOS		STREET ADDRESS	11900 BISCAYNE BLVD., STE. 610		CITY-ST-ZIP	MIAMI, FL 33181		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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MGR WALMAN, TERRY 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition																							
MGR COHEN, MICHAEL 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition																							
MGR COHEN, RAFAEL 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition																							
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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.																										
<b>SIGNATURE:</b> _____				1/6/04 205 893 1824																						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																						