FEB. 8.2005 11:24PM CORPORATIONS

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90140 037 ****50.00

DOCUMENT # L03000013763

1. Entity Name
CELESTIAL INVESTMENTS, LLC

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181	11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181

02062005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
19471 AMBASSADOR CT	19471 AMBASSADOR CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33179 Country: USA	Zip: 33179 Country: USA

4. FEI Number: 11-3686744 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOFFMAN, MARCOS 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181	Name Street Address (P.O. Box Number is Not Acceptable): 19471 AMBASSADOR CT City: MIAMI FL Zip Code: 33179

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: 1- "change address only" DATE: Feb 8, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HOFFMAN, MARCOS 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 19471 AMBASSADOR CT MIAMI FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALMAN, TERRY 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 16300 NE 19TH AVE, STE 213 N.M.B. FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COHEN, MICHAEL 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 16300 NE 19TH AVE, STE 253 N.M.B FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR COHEN, RAFAEL 11900 BISCAYNE BLVD., STE. 610 MIAMI, FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 16300 NE 19TH AVE, STE 213 N.M.B. FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Feb 8 2005 305 205 7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #