

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90189 018 ****50.00

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DOCUMENT # L03000013763 1. Entity Name CELESTIAL INVESTMENTS, LLC					
Principal Place of Business 19471 AMBASSADOR COURT MIAMI, FL 33179			Mailing Address 19471 AMBASSADOR COURT MIAMI, FL 33179		
2. Principal Place of Business 19667 NE 36 th CT Suite, Apt. #, etc. 24K City & State AVENTURA FL Zip 33180 Country USA		3. Mailing Address 19667 NE 36 th CT Suite, Apt. #, etc. 24K City & State AVENTURA FL Zip 33180 Country USA		02052006 Chg-LLC CR2E083 (11/05) 4. FEI Number 11-3686744 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 HOFFMAN, MARCOS 19471 AMBASSADOR COURT MIAMI, FL 33179	
7. Name and Address of New Registered Agent Name Marcos Hoffman Street Address (P.O. Box Number is Not Acceptable) 19667 NE 36 th CT Suite, Apt. #, etc. 24K City Aventura FL Zip Code 33180				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 <i>Marcos Hoffman mgr.</i> 2/5/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME HOFFMAN, MARCOS STREET ADDRESS 19471 AMBASSADOR COURT CITY-ST-ZIP MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WALMAN, TERRY STREET ADDRESS 16300 NORTHEAST 19TH AVENUE STE 213 CITY-ST-ZIP MIAMI, FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME COHEN, MICHAEL STREET ADDRESS 16300 NORTHEAST 19TH AVENUE STE 213 CITY-ST-ZIP MIAMI, FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME COHEN, RAFAEL STREET ADDRESS 16300 NORTHEAST 19TH AVENUE STE 213 CITY-ST-ZIP MIAMI, FL 33162	<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: <i>Marcos Hoffman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/5/06 305 205 7668 <small>Date Daytime Phone #</small>		