

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034948

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Entity Name:** CELENA SILK, LLC

**Current Principal Place of Business:**

1455 RAIL HEAD BLVD., #2  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1455 RAIL HEAD BLVD., #2  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 20-1121913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOVATT, JEFF M ESQ.  
C/O CHEFFY, PASSIDOMO, ET AL  
821 FIFTH AVE. SOUTH, SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TRUETT, CECILY  
Address: 1455 RAIL HEAD BLVD., #2  
City-St-Zip: NAPLES, FL 34110

Title: MGR ( ) Delete  
Name: SILBERMAN, LENA PU  
Address: 33 RANDOM FARMS DRIVE  
City-St-Zip: CHAPPAQUA, NY 10514

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: LANCIT, LAURENCE A  
Address: 719 HICKORY ROAD  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CECILY TRUETT

MGR

03/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date