2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2006 08:00 AM **Secretary of State** DOCUMENT # L04000046734 CELVAZ ENTERPRISES, LLC Principal Place of Business Mailing Address 37 RYANT BLVD 37 RYANT BLVD SEBRING, FL 33872 SEBRING, FL 33872 01132006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2743459 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CELESTINA, LESLIE W DO NOT WRITE 414 13TH AVENUE SEBRING, FL 33872 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. 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CELESTINA, LESLIE NAME 414 13TH AVE STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 - 400000399759 02/01/06-80027-001 50.00 MGRM TITLE VASQUEZ, MARYLIN NAME STREET ADDRESS 414 13TH AVENUE CITY-ST-ZIP SEBRING, FL 33872 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: DED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP