


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-13-2006 90081 004 ****55.00

| | | | | | |
|--|--|--|---|---|--|
| DOCUMENT # L05000063650 1. Entity Name CELTIC DESIGNS, LLC | | | |  | |
| Principal Place of Business 276 SW PANTHER TRACE PORT ST. LUCIE, FL 34953 | | | Mailing Address 276 SW PANTHER TRACE PORT ST. LUCIE, FL 34953 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 07112006 | | Chg-LLC | | CR2E083 (11/05) | |
| 4. FEI Number 20-3059741 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SEARS, TAMMY L 276 SW PANTHER TRACE PORT ST. LUCIE, FL 34953 | | | Name BRADLEY, TAMMY LEE | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 276 SW PANTHER TRACE | | |
| | | | City PORT ST LUCIE FL FL Zip Code 34953 | | |
| 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 <u>Tammy Lee Bradley</u> 7/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SEARS, TAMMY L 276 SW PANTHER TRACE PORT ST. LUCIE, FL 34953 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BRADLEY, CHRISTOPHER J. 276 SW PANTHER TRACE PORT ST LUCIE FL 34953 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>Tammy Lee Sears</u> 7/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <u>Tammy Lee Bradley</u> <small>Date Daytime Phone #</small> | | | | | |