
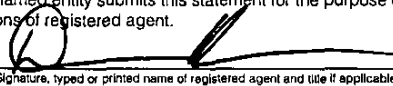
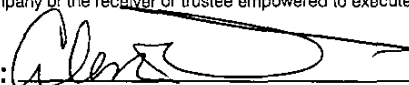


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -7 AM 10:41

DOCUMENT # L05000115277 1. Entity Name CELWAT PROPERTIES I, LLC					
Principal Place of Business 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224			Mailing Address C/O DAVID A. HOLMES 99 NESBIT STREET PUNTA GORDA, FL 33950		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 170 WEST DEARBORN ST. Suite, Apt. #, etc.			
City & State ENGLEWOOD, FL		City & State ENGLEWOOD, FL		4. FEI Number 20-3917485	
Zip 34223		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, DAVID A 99 NESBIT STREET FARR, FARR, EMERICH, HACKETT AND CARR, P.A PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name DAVID A. DUNKIN Street Address (P.O. Box Number is Not Acceptable) 170 WEST DEARBORN ST. City ENGLEWOOD FL ² 34223	
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  DATE 1/26/07 <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 May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, GLENN A 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, CELESTE P. 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, CELESTE P 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		300087412553 02/06/07--01005--001 **250.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, CELESTE P 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		MGR WATSON, CELESTE P. 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, CELESTE P 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		MGR WATSON, CELESTE P. 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, CELESTE P 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		MGR WATSON, CELESTE P. 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, CELESTE P 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		MGR WATSON, CELESTE P. 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATSON, CELESTE P 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		MGR WATSON, CELESTE P. 9203 GRIGGS ROAD UNIT C201 ENGLEWOOD, FL 34224		
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: 			1/26/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		