
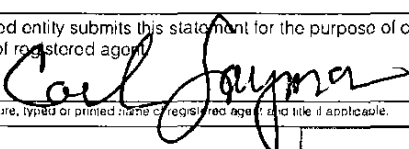
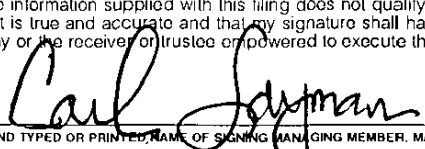


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90038 047 ****55.00

DOCUMENT # L06000062956 1. Entity Name CELTIC RESOURCES, LLC			
Principal Place of Business 4020 JEBB ISLAND CIRCLE, W JACKSONVILLE FL 32224		Mailing Address 4020 JEBB ISLAND CIRCLE, W JACKSONVILLE FL 32224	
2. Principal Place of Business - No P.O. Box # 3850 VICKERS LAKE		3. Mailing Address 3850 VICKERS LAKE DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE FL	
Zip 32224		Zip 32224	
Country DUVAL		Country DUVAL	
4. FFI Number 51-0594795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACKBURN, KELLY 4020 JEBB ISLAND CIRCLE, W JACKSONVILLE FL 32224		7. Name and Address of New Registered Agent Name CARL LAYMAN Street Address (P.O. Box Number is Not Acceptable) 3850 VICKERS LAKE DR City JACKSONVILLE FL Zip Code 32224	
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LAYMAN, CARL M III P.O. BOX 2760 3850 VICKERS AGOURA CA 91301	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3850 VICKERS LAKE DR JACKSONVILLE FL 32224
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MANUS, RONALD 130 MERZ BLVD. FAIRLAWN OH 44333	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
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 Section 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: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	