2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

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Entity Name: CELESTIAL SATCHEL, LLC

Current Principal Place of Business:

2100 SOUTH OCEAN DRIVE
#14CD
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

1233 SPRING CIRCLE DR
CORAL SPRINGS, FL 33071

Current Mailing Address:

2100 SOUTH OCEAN DRIVE
#14CD
FT. LAUDERDALE, FL 33316

New Mailing Address:

1233 SPRING CIRCLE DR
CORAL SPRINGS, FL 33071

FEI Number: 20-5627115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTER H. MESSICK, P.A.
1900 CORPORATE BLVD.
SUITE 200 EAST
BOCA RATON, FL 33431 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/MANAGERS:

Title: MGRM ( ) Delete
Name: DAVID, CHRISTINE
Address: 2100 SOUTH OCEAN DRIVE, #14CD
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGRM ( ) Delete
Name: MORRISSEY, KAREN
Address: 2100 SOUTH OCEAN DRIVE, #14CD
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DAVID, CHRISTINE
Address: 1233 SPRING CIRCLE DR
City-St-Zip: CORAL SPRINGS, FL 33071

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KAREN MORRISSEY MGRM 04/18/2007

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