

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


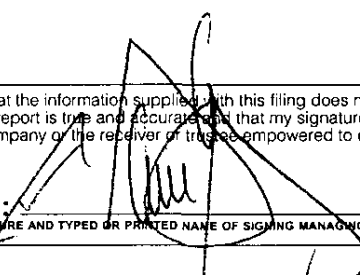
FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90131 001 ***138.75
 01-22-2008 90131 002 *****5.00

30000104



01142008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000017112			
1. Entity Name CELESTE PROPERTIES AND INVESTMENTS, L.L.C.			
Principal Place of Business 9380 COLLINS AVENUE, 1ST FLOOR MIAMI BEACH, FL 33154		Mailing Address 9380 COLLINS AVENUE, 1ST FLOOR MIAMI BEACH, FL 33154	
2. Principal Place of Business - No P.O. Box # 901 NE 73 STREET		3. Mailing Address 8360 W. FLAGLER ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 200	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33138 Country USA		Zip 33144 Country USA	
4. FEI Number 20-8939251		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAVELO, MOISES 9380 COLLINS AVENUE, 1ST FLOOR MIAMI BEACH, FL 33154		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 901 NE 73 ST City MIAMI FL Zip Code 33138	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After-May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAVELO, MOISES 9380 COLLINS AVENUE, 1ST FLOOR MIAMI BEACH, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 NE 73 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALDES, GRICELIA 9380 COLLINS AVENUE, 1ST FLOOR MIAMI BEACH, FL 33154 <input checked="" 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	MGRM SAMPEDRO-MANSUR, DARIO GABRIEL 8360 W. FLAGLER ST. #200 MIAMI, FL 33144 <input type="checkbox"/> Change <input checked="" 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 checked="" 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 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: 		Date: 1/14/2008	Daytime Phone #: 305-546-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			