2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L9600000072

1. Entity Name CASÁ CELESTE, L.C.

FILED May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

9225 82ND AVENUE N. SEMINOLE, FL 33777

Mailing Address

1266 FIRST STREET, SUITE 8 SARASOTA, FL 34236



01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0633939

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KISTLER, RICHARD L 1266 FIRST STREET SUITE 8 SARASOTA, FL 34236

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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 _______ Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature regulred when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGRM KISTLER, RICHARD L 1266 FIRST STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ROSNER, JAMES C 45 PROGRESS PARKWAY MARYLAND HGTS, MO 63043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SAENGER, LEO C 12412 POWERS COURT DR., STE 150 ST LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NICKELL, TED A 3785 WINDBER BLVD PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY - ST- ZIP	MEM KASSICIEH, DANIEL V D.O. 1630 OAK CIRCLE S SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HOLLY D. BALL TRUST 45 PROGRESS PARKWAY MARYLAND HGHTS, MO 63043

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE