2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L96000000072

1. Entity Name
CASA CELESTE, L.C.

Principal Place of Business	Mailing Address
9225 82ND AVENUE N. SEMINOLE, FL 33777	1266 FIRST STREET, SUITE 8 SARASOTA, FL 34236

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01052006 No Chg-LLC CR2E083 (11/05)

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 required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KISTLER, RICHARD L
STREET ADDRESS	1266 FIRST STREET
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MEM
NAME	ROSNER, JAMES C
STREET ADDRESS	45 PROGRESS PARKWAY
CITY-ST-ZIP	MARYLAND HGTS, MO 63043
TITLE	MEM
NAME	SAENGER, LEO C
STREET ADDRESS	12412 POWERS COURT DR., STE 150
CITY-ST-ZIP	ST LOUIS, MO 63141
TITLE	MEM
NAME	NICKELL, TED A
STREET ADDRESS	3765 WINDBER BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	MEM
NAME	KASSICIEH, DANIEL V D.O.
STREET ADDRESS	1630 OAK CIRCLE S
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	MEM
NAME	HOLLY D. BALL TRUST
STREET ADDRESS	45 PROGRESS PARKWAY
CITY-ST-ZIP	MARYLAND HGHTS, MO 63043

[illegible]
03/16/06 80011-004 158.75

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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 605, Florida Statutes.

SIGNATURE: Eileen F. Tuttle 3/1/06 941 365 6914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #