


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90248 019 ****55.00

DOCUMENT # L96000000072	
1. Entity Name CASA CELESTE, L.C.	

Principal Place of Business 9225 82ND AVENUE N. SEMINOLE FL 33777	Mailing Address 1266 FIRST STREET, SUITE 8 SARASOTA FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 158 5342 CLARK ROAD
City & State	City & State SARASOTA, FL
Zip	Zip 34236-3227
Country	Country USA

1st MOORE CR2E083 (10/06)

4. FEI Number 65-0633939	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KISTLER, RICHARD L 1266 FIRST STREET SUITE 8 SARASOTA FL 34236	7. Name and Address of New Registered Agent Name: RICHARD L. KISTLER Street Address (P.O. Box Number is Not Acceptable) PMB 158 5342 CLARK ROAD City: SARASOTA FL Zip Code: 34236-3227

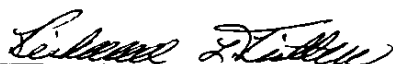
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$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	MGRM KISTLER, RICHARD L 1266 FIRST STREET SARASOTA FL 34236 <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	MEM ROSNER, JAMES C 45 PROGRESS PARKWAY MARYLAND HGTS MO 63043 <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	MEM SAENGER, LEO C 12412 POWERS COURT DR., STE 150 ST LOUIS MO 63141 <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	MEM NICKELL, TED A 3785 WINDBER BLVD PALM HARBOR FL 34685 <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	MEM KASSICIEH, DANIEL V D.O. 1630 OAK CIRCLE S SARASOTA FL 34232 <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	MEM HOLLY D. BALL TRUST 45 PROGRESS PARKWAY MARYLAND HGTS MO 63043 <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:  **4-6-07** **941 921 0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**