

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L96000000072

1. Entity Name
CASA CELESTE, L.C.



Principal Place of Business
9225 82ND AVENUE N.
SEMINOLE, FL 33777

Mailing Address
PMB 158 5342 CLARK RD
SARASOTA, FL 34255



04162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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
PMB 158 CLARK RD
SARASOTA, FL 34255

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000946142

05/30/08-80036-004 143.75

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 | 3785 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 |

**DO NOT WRITE
IN THIS SPACE**

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:

Richard L Kistler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-08

Date

941 921 0885

Daytime Phone #