

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 14, 2008  
Secretary of State**

DOCUMENT# L05000003500

Entity Name: BLANQUIER, LLC

**Current Principal Place of Business:**

1111 KANE CONCOURSE  
SUITE 303  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111 KANE CONCOURSE  
SUITE 303  
BAY HARBOR ISLANDS, FL 33154

**New Mailing Address:**

FEI Number: 20-2250190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W BOY SCOUT BLVD., 10TH FLOOR  
TAMPA, FL 336075736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LESSA-BASTOS, BERNARDO BLANQ  
Address: 1111 KANE CONCOURSE SUITE 303  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGR      ( ) Delete  
Name: DE ARAUJO, TATIANA ZAMBRA  
Address: 1111 KANE CONCOURSE SUITE 303  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TATIANA ARAUJO

VP O

01/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date