

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90039 016 \*\*\*\*50.00

**DOCUMENT # M03000003202**

1. Entity Name

**BLAIRSTONE DELAWARE, LLC**



Principal Place of Business

**C/O KABIL & COMPANY INVESTMENTS  
1035 PEARL STREET, #400  
BOULDER CO 80302  
US**

Mailing Address

**C/O KABIL & COMPANY INVESTMENTS  
1035 PEARL STREET, #400  
BOULDER CO 80302  
US**

20013003



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**20-0253320**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVENTIS/PAT ALLEY  
1400 OVER PARK DRIVE  
TALLAHASSEE FL 32308**

Name **ADVENTIS REAL ESTATE SERVICES COMPANY**

Street Address (P.O. Box Number is Not Acceptable)

**1401 OVER PARK DRIVE, SUITE 102**

City **TALLAHASSEE**

**FL**

Zip Code

**32308**

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]*

**CHRIS M. KEENA**

**3-4-05**

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

(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, 2005**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
KABIL, SHIMON  
1035 PEARL STREET, #400  
BOULDER CO 80302** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

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

**2/2/05 303-441-2030**

Date

Daytime Phone #