

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002674

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: BLACKSTONE CONSULTING LLC

**Current Principal Place of Business:**

80 BEST STREET  
PORTLAND, ME 04103

**New Principal Place of Business:**

**Current Mailing Address:**

POB 811  
SAUNDERSTOWN, RI 02874

**New Mailing Address:**

FEI Number: 05-0518281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, PORTER  
339 BLUEJAY WAY  
ORLANDO, FL 32828 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: MGRM ( ) Delete  
Name: MANELIS, STEPHEN E  
Address: 21 CAMELOT DRIVE  
City-St-Zip: WARWICK, NY 10990

Title: MGRM ( ) Delete  
Name: DUNDON, SEAN T  
Address: 80 BEST STREET  
City-St-Zip: PORTLAND, ME 04103

Title: MGRM ( ) Delete  
Name: MCDONALD, NATALIE  
Address: 264 COLONEL JOHN GARDNER  
City-St-Zip: NARRAGANSETT, RI 02882

**ADDITIONS/CHANGES:**

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

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: NATALIE MCDONALD

CFO

01/13/2009

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