


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000004244							
1. Entity Name 7-8 BLOSSOM ESTATES, LLC							
Principal Place of Business 513 NORTH COUNTY ROAD PALM BEACH FL 33480-3504			Mailing Address 513 NORTH COUNTY ROAD PALM BEACH FL 33480-3504				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 06-1590669 Applied <input type="checkbox"/> Not Appl. <input type="checkbox"/>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HANLON, M. TIMOTHY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480			-Name -				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____							
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>							
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> 900048868199 03/22/05--01040--010 **50.00 </div>			
NAME	GOSMAN, LINDA CASTRE	NAME					
STREET ADDRESS	513 N. COUNTY RD	STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH FL 33480-3504	CITY-ST-ZIP					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LUZINSKI, JOSEPH	NAME					
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., #900	STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					



1st MOORE CR2E083 (10/04)

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAR 14 AM 10:34


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: _____ **DATE** _____ **Daytime Phone #** _____

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

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 14 AM 10:34

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Principal Place of Business 513 NORTH COUNTY ROAD PALM BEACH, FL 33480-3504	Mailing Address 513 NORTH COUNTY ROAD PALM BEACH, FL 33480-3504
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DO NOT WRITE IN THIS SPACE



03152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1590669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HANLON, M. TIMOTHY
 321 ROYAL POINCIANA PLAZA
 PALM BEACH, FL 33480

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

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOSMAN, LINDA CASTRE 513 N. COUNTY RD PALM BEACH, FL 334803504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUZINSKI, JOSEPH 200 SOUTH BISCAYNE BLVD., #900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #