
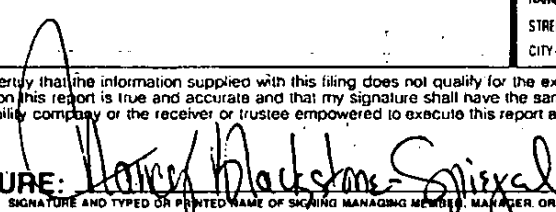


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90135 036 \*\*\*\*50.00

|  |   |     |   |   |          |
|--|---|-----|---|---|----------|
| <b>DOCUMENT # L04000093956</b>   |   |     |   |  |          |
| 1. Entity Name<br><b>N.Z. BLACKSTONE, P.L.</b>   |   |     |   |   |          |
| Principal Place of Business<br><b>7100 MANASOTA KEY RD<br/>ENGLEWOOD FL 34223</b>  |   |     | Mailing Address<br><b>7100 MANASOTA KEY RD<br/>ENGLEWOOD FL 34223</b> |   |          |
| 2. Principal Place of Business   |   |     | 3. Mailing Address  |   |          |
| Suite, Apt. #, etc.  |   |     | Suite, Apt. #, etc.   |   |          |
| City & State   |   |     | City & State  |   |          |
| Zip  | Country   | Zip | Country   | 4. FEI Number   |          |
|  |   |     |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |          |
| 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                           |   |          |
| <b>SPIEGEL, NANCY BLACKSTO<br/>7100 MANASOTA KEY RD<br/>ENGLEWOOD FL 34223</b>   |   |     | 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 re-registering) DATE _____   |   |     |   |   |          |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By: May 1, 2006</b>  |   |     |   |   |          |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |     |   |   |          |
| TITLE  | MGR <input type="checkbox"/> Delete                               |     |   |   |          |
| NAME   | <b>SPIEGEL, NANCY BLACKSTO</b>                                    |     |   |   |          |
| STREET ADDRESS   | <b>7100 MANASOTA KEY RD</b>                                       |     |   |   |          |
| CITY- ST- ZIP  | <b>ENGLEWOOD FL 34223</b>   |     |   |   |          |
| TITLE  | <input type="checkbox"/> Delete                                   |     |   |   |          |
| NAME   |   |     |   |   |          |
| STREET ADDRESS   |   |     |   |   |          |
| CITY- ST- ZIP  |   |     |   |   |          |
| TITLE  | <input type="checkbox"/> Delete                                   |     |   |   |          |
| NAME   |   |     |   |   |          |
| STREET ADDRESS   |   |     |   |   |          |
| CITY- ST- ZIP  |   |     |   |   |          |
| TITLE  | <input type="checkbox"/> Delete                                   |     |   |   |          |
| NAME   |   |     |   |   |          |
| STREET ADDRESS   |   |     |   |   |          |
| CITY- ST- ZIP  |   |     |   |   |          |
| TITLE  | <input type="checkbox"/> Delete                                   |     |   |   |          |
| NAME   |   |     |   |   |          |
| STREET ADDRESS   |   |     |   |   |          |
| CITY- ST- ZIP  |   |     |   |   |          |
| <b>10. ADDITIONS/CHANGES</b>   |   |     |   |   |          |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |     |   |   |          |
| NAME   |   |     |   |   |          |
| STREET ADDRESS   |   |     |   |   |          |
| CITY- ST- ZIP  |   |     |   |   |          |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |     |   |   |          |
| NAME   |   |     |   |   |          |
| STREET ADDRESS   |   |     |   |   |          |
| CITY- ST- ZIP  |   |     |   |   |          |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |     |   |   |          |
| NAME   |   |     |   |   |          |
| STREET ADDRESS   |   |     |   |   |          |
| CITY- ST- ZIP  |   |     |   |   |          |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>26 Jan 2006</b>  |   |     |   |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |   |     |   |   |          |

ATTACHMENT

30001771

# L04000093956

227 Nokomis Avenue S.  
Venice, Florida 34285

Tel: (941) 485-1571  
Fax: (941) 484-7226

Mailing Address:  
Post Office Box 1767  
Venice, FL 34284-1767

**Kanetsky**  
**Moore**  
**& DeBoer, P.A.**  
*Law Offices*

Murray Kanetsky  
Robert L. Moore\*  
Robert J. DeBoer\*  
Erik R. Lieberman\*\*  
Sharon S. Vander Wulp  
\*Board Certified Real Estate  
\*\*Also admitted in Pennsylvania

January 17, 2005

Nancy Blackstone Spiegel  
7100 Manasota Key Rd.  
Englewood, FL 34223

Re: N.Z.BLACKSTONE, P.L.  
Our File No. 8949.08

Dear Nancy:

Enclosed herewith please find the following:

1. Original Certificate from the State of Florida, and Articles of Organization for N.Z.BLACKSTONE, P.L. Please keep these for your permanent record as this is the only original.
2. Operating Agreement of N.Z.BLACKSTONE, P.L. Please sign in both places on page 5 where indicated, and insert, in Article SIX on page 2, the amount of capital contribution that you are going to make. Consult with your accountant regarding this. This company will be taxed as a sole proprietorship and consequently I did not obtain a separate tax ID number for the company. If and when the company has employees or if your accountant recommends a separate tax ID, please let me know and I will apply for one.
3. Membership Certificate. Please sign where indicated and retain as this an original.
4. Our statement for services rendered.

If you should have any questions regarding the above, please feel free to contact me.

Very truly yours,



Erik R. Lieberman

ERL/ja  
Enclosures