


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|---|---|
| DOCUMENT # L04000093956 1. Entity Name N.Z. BLACKSTONE, P.L. |  |
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| Principal Place of Business 7100 MANASOTA KEY RD ENGLEWOOD, FL 34223 | Mailing Address 7100 MANASOTA KEY RD ENGLEWOOD, FL 34223 |
|--|--|

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent SPIEGEL, NANCY BLACKSTO 7100 MANASOTA KEY RD ENGLEWOOD, FL 34223 | DO NOT WRITE 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.

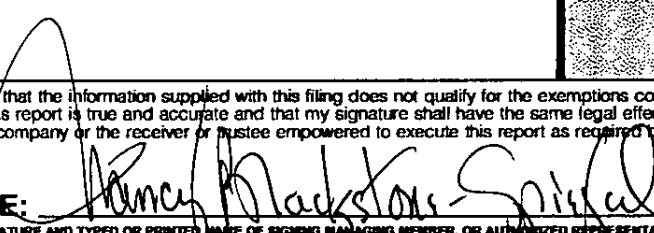
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | U000000956313 07/25/08-80002-019 138.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SPIEGEL, NANCY BLACKSTO 7100 MANASOTA KEY RD ENGLEWOOD, FL 34223 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **23 July 08** **941-928-0550**

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

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07232008No Chg-LLC CR2E083 (12/07)

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|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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