


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90359 005 ****55.00

DOCUMENT # L06000069756	
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1. Entity Name
BLACKSTONE PREP LLC

Principal Place of Business
**308 CHARLESTON PLACE
CELEBRATION, FL 34747**

Mailing Address
**308 CHARLESTON PLACE
CELEBRATION, FL 34747**

2. Principal Place of Business - No P.O. Box #
308 CHARLESTON PL

3. Mailing Address
308 CHARLESTON PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



03052007 Chg-LLC CR2E083 (12/06)

City & State
CELEBRATION FL

City & State
CELEBRATION FL

4. FEI Number **51-0607046** Applied For
Not Applicable

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

**RUDOLPH, WALLACE M
308 CHARLESTON PLACE
CELEBRATION, FL 34747**

Name

SAME

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

Wallace M. Rudolph

WALLACE M. Rudolph

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUDOLPH, WALLACE M
308 CHARLESTON PLACE
CELEBRATION, FL 34747** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LONGWORTH, MIMI P
P.O. BOX 420385
CELEBRATION, FL 34747** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KIM, DOHNGUN
127 16TH AVE. SW
RUSKIN, FL 33570** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BYRON S. Longworth
308 Charleston Place
CELEBRATION FL 34747** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

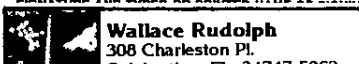
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 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: Wallace M. Rudolph WALLACE M. Rudolph 4/19/07 321 284 4480



MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #