

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-29-2008 90024 004 ***138.75

BLACKSTONE LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L07000047221

My Name

BLACKSTONE PROPERTIES AND INVESTMENTS, LLC



Principal Place of Business
 888 SE 3RD AVENUE
 SUITE 501
 FORT LAUDERDALE, FL 33316

Mailing Address
 888 SE 3RD AVENUE
 SUITE 501
 FORT LAUDERDALE, FL 33316



2. Principal Place of Business - No P.O. Box

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number **26-0262854** Applied For
Not Applicable

Zip

Country

Zip

Country

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

FORMAN, M. AUSTIN
 888 SE 3RD AVENUE
 SUITE 501
 FORT LAUDERDALE, FL 33316

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

Signature typed or printed name of registered agent and filed application

(NOTE: Registered Agent Signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR PHOENIX PARTNERS OF FLORIDA, LLC 888 SE 3RD AVENUE, SUITE 501 FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR BLACKFIN PROPERTIES & INVESTMENTS, LLC 1700 NW 68 AVE., #102 PLANTATION, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SAMJACK BLACKSTONE, LLC 3001 W. HALLANDALE BEACH BLVD, SUITE 300 PEMBROKE PARK, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: William M. Murphy

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

Date

Last four digits of

746-2221