

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092699

Entity Name: BLAIR HOUSE 4D, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

1111 KANE CONCOURSE, STE 305
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1111 KANE CONCOURSE, STE 305
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 26-3460566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, JORGE
18501 PINES BLVD STE 201
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAJARDO, CARMEN
Address: 9300 BAY HARBOR TERRACE APT 2D
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGR () Delete
Name: FAJARDO, FREDDY
Address: 9751 BAY HARBOR DR. APT 801
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGR () Delete
Name: ESPEJO, MAGALY
Address: 9751 BAY HARBOR DR. APT 801
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARMEN FAJARDO

MGR

03/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date