

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096730

FILED
Jul 31, 2009
Secretary of State

Entity Name: BLACKSTONE INVESTMENTS AND HOLDINGS, LLC

Current Principal Place of Business:

401 EAST LAS OLAS BLVD.
SUITE 130-463
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

401 EAST LAS OLAS BLVD.
SUITE 130-463
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOBSON, BENJAMIN
401 EAST LAS OLAS BLVD
SUITE 130-463
FORT LAUDERDALE, FL 33301 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: MGRM () Delete
Name: JACOBSON, BENJAMIN
Address: 401 EAST LAS OLAS BLVD.SUITE 130-463
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: JACOBSON, ANTONY
Address: UNIT 1/62 ANDERSON RD.
City-St-Zip: HOWTHORN EAST, VICTORIA, AU 3123 AU

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: BENJMAIN JACOBSON

MGRM

07/31/2009

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