2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 17, 2005 8:00 am Secretary of State DOCUMENT # M01000000272 1. Entity Name 05-17-2005 90119 027 ****50.00 **BLACKSTONE EQUITIES LLC** Principal Place of Business Mailing Address 156 WEST 56TH ST., 12TH FL. NEW YORK NY 10019 156 WEST 56TH ST., 12TH FL. NEW YORK NY 10019 14017-789 2. Principal Place of Business 3. Mailing Address 1065 Avenue of the America 1065 Avenue of the Americas Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State 4. FEI Number City & State Applied For 17 58-2606469 7 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 8-1001 ._.U.S.A. 210018 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLAVET, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 5178 PRIVET PLACE DELRAY BEACH FL 33484 City 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 to printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE A. Change ☐ Addition NAME SLAVET, JEFFREY NAME of The Arupicus 18th Flos STREET ADDRESS 156 W. 56TH ST. 1065 STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP 81001 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

FILED

Daytime Phone #