

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-23-2002 90053 021 ****50.00

DOCUMENT # L01000011567

1. Entity Name
BZT PROPERTIES LLC

| | |
|---|---|
| Principal Place of Business 7540 LADSON TERRACE LAKE WORTH FL 33467 | Mailing Address 7540 LADSON TERRACE LAKE WORTH FL 33467 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
| Zip Country | Zip Country |

4. FEI Number
65-1123540

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **BUCK ANDERSON**

Street Address (P.O. Box Number is Not Acceptable)
7540 LADSON TERR

City **LAKE WORTH** FL Zip Code **33467**

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.

SIGNATURE **Bucky Anderson** (Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required upon reinstating)

Bucky Anderson DATE **1-15-02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDERSON, BUCK 7540 LADSON TERRACE LAKE WORTH FL 33467 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDERSON, TINA 7540 LADSON TERRACE LAKE WORTH FL 33467 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: **Bucky Anderson** (Signature and typed or printed name of signing managing member, manager, or authorized representative)

DATE: **1/15/02** DAYTIME PHONE #: **561-704-0385**

CR2E083 (9/01)