


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011567
 1. Entity Name
 BZT PROPERTIES LLC



Principal Place of Business: 480 NE STILLWATER COVE, PORT ST LUCIE, FL 34983
 Mailing Address: 480 NE STILLWATER COVE, PORT ST LUCIE, FL 34983



DO NOT WRITE IN THIS SPACE

03022005No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 65-1123540 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ANDERSON, BUCKY
 480 STILLWATER COVE
 PORT ST LUCIE, FL 34983

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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: *Bucky Anderson* DATE: 3-3-05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANDERSON, BUCKY
STREET ADDRESS	480 STILLWATER COVE
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	MGRM
NAME	ANDERSON, TINA
STREET ADDRESS	480 STILLWATER COVE
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/07/05-80021-014 50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* Date: 3-3-05 Daytime Phone #: 5617043085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE