

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011567

Entity Name: BZT PROPERTIES LLC

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

480 NE STILLWATER COVE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

480 NE STILLWATER COVE
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-1123540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, BUCKY
480 STILLWATER COVE
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

ANDERSON, BUCKY
480 NE STILLWATER COVE
PORT ST LUCIE, FL 34983 US

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

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, BUCKY
Address: 480 STILLWATER COVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGRM () Delete
Name: ANDERSON, TINA
Address: 480 STILLWATER COVE
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDERSON, BUCKY
Address: 480 NE STILLWATER COVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGRM (X) Change () Addition
Name: ANDERSON, TINA
Address: 480 NE STILLWATER COVE
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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: BUCKY ANDERSON

MGRM

01/31/2007

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