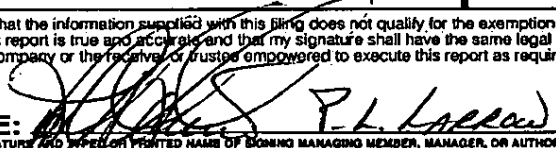


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
May 19, 2004 8:00 am
Secretary of State

05-03-2004 90129 032 ****50.00

DOCUMENT # L03000037662 1. Entity Name BZ PROPERTIES, LLC					
Principal Place of Business 3501 DEL PRADO BLVD., STE. 312 CAPE CORAL, FL 33904			Mailing Address 3501 DEL PRADO BLVD., STE. 312 CAPE CORAL, FL 33904		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0365219				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04292004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent LARROW, PAUL L 3501-312 DEL PRADO BLVD. CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ZAPF, WILLIAM		NAME		
STREET ADDRESS	16808 93RD ST.		STREET ADDRESS		
CITY-ST-ZIP	EDMONTON, ALBERTA CANADA, T5Z1W9		CITY-ST-ZIP		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ZAPF, TANYA		NAME		
STREET ADDRESS	16808 93RD ST.		STREET ADDRESS		
CITY-ST-ZIP	EDMONTON, ALBERTA CANADA, T5Z1W9		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		TITLE	☐ Change ☐ Addition	
NAME			NAME		
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)(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: 			Date: 4/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					