
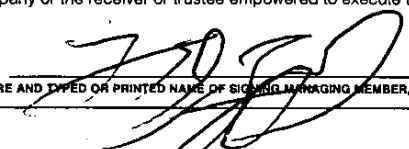


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90098 007 ****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 6006 MARTINGLADE PLACE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State LITHIA, FL		City & State			
Zip 33547	Country	Zip	Country	4. FEI Number 20-0365219	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAPF, WILLIAM 16808 93RD ST. EDMONTON, ALBERTA CANADA, T5Z1W9		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6006 MARTINGLADE PLACE LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAPF, TANYA 16808 93RD ST. EDMONTON, ALBERTA CANADA, T5Z1W9		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6006 MARTINGLADE PLACE LITHIA, FL 33547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			WILLIAM ZAPF		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: July 1/05 Daytime Phone #: 813-728-5528		