2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2009
Secretary of State

DOCUMENT# L03000037662

Entity Name: BZ PROPERTIES, LLC

Current Principal Place of Business:

16203 BRIDGEPARK DR
LITHIA, FL 33547

New Principal Place of Business:

16203 BRIDGEPARK DR
LITHIA, FL 33547 US

Current Mailing Address:

16203 BRIDGEPARK DR
LITHIA, FL 33547

New Mailing Address:

16203 BRIDGEPARK DR
LITHIA, FL 33547 US

FEI Number: 20-0365219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZAPF, WILLIAM J
16203 BRIDGEPARK DR
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZAPF, WILLIAM
Address: 16203 BRIDGEPARK DR
City-St-Zip: LITHIA, FL 33547

Title: MGRM ( ) Delete
Name: ZAPF, TANYA
Address: 16203 BRIDGEPARK DR
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ZAPF, WILLIAM
Address: 16203 BRIDGEPARK DR
City-St-Zip: LITHIA, FL 33547 US

Title: MGRM (X) Change ( ) Addition
Name: ZAPF, TANYA
Address: 16203 BRIDGEPARK DR
City-St-Zip: LITHIA, FL 33547 US

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM ZAPF MNG 06/13/2009

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