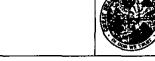
## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000005540** BZ, LLC Principal Place of Business



**FILED** Feb 28, 2007 08:00 AN Secretary of State



5215 SR 64 EAST BRADENTON, FL 34208 Mailing Address PO BOX 449 ELLENTON, FL 34222



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 02132007 No Chg-LLC

| 4. FEI Number                    | Applied For       |
|----------------------------------|-------------------|
| 52-2439336                       | Not Applicable    |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A. **802 11TH STREET WEST** BRADENTON, FL 34205

## DO NOT WRITE IN THIS SPACE

|   | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE                     |
|---|---|--|--------------------------|
| Filing Fee is \$50.00<br>Due by May 1, 2007 |   |  |                          |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |                          |
| TITLE                                       | MGRM  |  |                          |
| NAME  | BROWN, THOMAS B   |  |                          |
| STREET ADDRESS                              | 32 TIDY ISLAND BLVD   |  |                          |
| CITY-ST-ZIP                                 | BRADENTON, FL 34210   |  |                          |
| TITLE                                       |   |  |                          |
| NAME  |   |  | U00000651307             |
| STREET ADDRESS                              |   |  | 03/09/07-80002-010 50.00 |
| CITY-ST-ZIP                                 |   |  | 03/03/04-00008-010 30*00 |
| TITLE                                       |   |  |                          |
| NAME  |   |  |                          |
| STREET ADDRESS                              |   | l no   | NOT WRITE                |
| CITY-ST-ZIP                                 |   |  | HOI WILL                 |
| TITLE                                       |   | I IN   | THIS SPACE               |
| NAME  |   | 1  |                          |
| STREET ADDRESS                              |   |  |                          |
| CITY-ST-ZIP                                 |   |  |                          |
| TITLE                                       |   |  |                          |
| NAME<br>Street address                      |   |  |                          |
| CITY-ST-ZIP                                 |   |  |                          |
|   |   |  |                          |
| TITLE                                       |   |  |                          |
| NAME  |   |  |                          |
| STREET ADDRESS                              |   |  |                          |
| CITY-ST-ZIP                                 |   |  |                          |