

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026147

**FILED**  
**Jan 31, 2006**  
**Secretary of State**

**Entity Name:** ELIZABETH BAIZE MORTGAGE LLC

**Current Principal Place of Business:**

1950 SE PORT ST. LUCIE BLVD., STE 203  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

127 SW HAWTHORNE CIRCLE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1950 SE PORT ST. LUCIE BLVD., STE 203  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

127 SW HAWTHORNE CIRCLE  
PORT ST. LUCIE, FL 34953

FEI Number: 20-0988331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete  
Name: BAIZE, ELIZABETH  
Address: 1950 SE PORT ST. LUCIE BLVD., STE 203  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BAIZE, ELIZABETH  
Address: 127 SW HAWTHORNE CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: ELIZABETH BAIZE

MM

01/31/2006

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