


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90083 028 ****50.00

DOCUMENT # L05000037956

1. Entity Name
BAZ PROPERTIES, LLC



Principal Place of Business
 1648 TAYLOR ROAD # 151
 PORT ORANGE, FL 32128

Mailing Address
 1648 TAYLOR ROAD # 151
 PORT ORANGE, FL 32128

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2. Principal Place of Business - No P.O. Box #
1528 SW 29 Street

3. Mailing Address
1528 SW 29 Street

Suite, Apt. #, etc.

08202007 Chg-LLC CR2E083 (12/06)

City & State
Cape Coral, FL

City & State
Cape Coral, FL

Zip
33914

Country
USA

Zip
33914

Country
USA

4. FEI Number
20-2749330

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANTONIO
 1648 TAYLOR ROAD #151
 PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent

Name
Manuel Pantoja

Street Address (P.O. Box Number is Not Acceptable)
1528 SW 29 Street

City
Cape Coral FL

Zip Code
33914

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 **Antonio Rodriguez** **Antonio Rodriguez** **30 Aug 2007**

Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when for status) DATE

Filing Fee is \$50.00
 Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, ANTONIO 1648 TAYLOR ROAD #151 PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, CATHY 1648 TAYLOR ROAD #151 PORT ORANGE, FL 32128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Antonio Rodriguez** **Antonio Rodriguez** **30 Aug 2007** **(386)** **852 8834**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #