


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-10-2007 90102 035 \*\*\*\*50.00  
L05000037956

<b>DOCUMENT # L05000037956</b>			
1. Entity Name <b>BAZ PROPERTIES, LLC</b>			
Principal Place of Business <b>1648 TAYLOR ROAD # 151 PORT ORANGE, FL 32128</b>		Mailing Address <b>1648 TAYLOR ROAD # 151 PORT ORANGE, FL 32128</b>	
2. Principal Place of Business - No P.O. Box # <b>411 Cranesbill Dr</b>		3. Mailing Address <b>411 Cranesbill Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Bonair, GA</b>		City & State <b>Bonair, GA</b>	
Zip <b>31005</b>		Zip <b>31005</b>	
Country		Country	
4. FEI Number <b>20-2749330</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ANTONIO 1648 TAYLOR ROAD #151 PORT ORANGE, FL 32128</b>		7. Name and Address of New Registered Agent Name <b>Antonio Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>1528 SW 29th Street</b> City <b>CAPE CORAL</b> FL Zip Code <b>33914</b>	
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 <u><i>Antonio Rodriguez</i></u> ( <b>Antonio Rodriguez</b> ) <b>5/September/2007</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE</small>			
Filing Fee is \$50.00 Due by September 14, 2007		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RODRIGUEZ, ANTONIO 1648 TAYLOR ROAD #151 PORT ORANGE, FL 32128</b> <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	<b>MGR RODRIGUEZ, CATHY 1648 TAYLOR ROAD #151 PORT ORANGE, FL 32128</b> <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 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: <u><i>Antonio Rodriguez</i></u> ( <b>Antonio Rodriguez</b> ) <b>09/05/2007</b> <b>(478)</b>		Date <b>09/05/2007</b> Daytime Phone # <b>923-1064</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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TALLAHASSEE, FLORIDA



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