



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90151 001 \*\*\*\*50.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L05000056744</b><br>1. Entity Name<br><b>BAEZA PROPERTIES LLC</b>  |  |  |   |   |  |
| Principal Place of Business<br>12201 NW 35 STREET<br>SUITE 531<br>CORAL SPRINGS, FL 33065 US   |  |  |   | Mailing Address<br>12201 NW 35 STREET<br>SUITE 531<br>CORAL SPRINGS, FL 33065 US   |  |
| 2. Principal Place of Business<br><i>3693 N.W. 124th Avenue</i><br>Suite, Apt. #, etc.<br><i>Coral Springs, FL</i><br>City & State<br><i>33065 U.S.A.</i><br>Zip Country   |  | 3. Mailing Address<br><i>3693 N.W. 124th Avenue</i><br>Suite, Apt. #, etc.<br><i>Coral Springs, FL</i><br>City & State<br><i>33065 U.S.A.</i><br>Zip Country |   |  |  |
| 01262006 Chg-LLC CR2E083 (11/05)   |  |  |   | 4. FEI Number<br><i>20-8976105</i>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BAEZA, SEAN C</b><br>12201 NW 35 STREET<br>SUITE 531<br>CORAL SPRINGS, FL 33065  |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><i>3693 N.W. 124th Avenue</i><br>City <i>Coral Springs</i> <b>FL</b> Zip Code <i>33065</i> |  |  |
| 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 <i>S-B</i> <i>Sean Baeza - President</i> <i>01-27-06</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRES<br>BAEZA, SEAN C<br>12201 NW 35 STREET SUITE 531<br>CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <i>3693 N.W. 124th Avenue</i><br><i>Coral Springs, FL 33065</i>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V PR<br>BAEZA, LAURA<br>12201 NW 35 STREET SUITE 531<br>CORAL SPRINGS, FL 33065  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <i>3693 N.W. 124th Avenue</i><br><i>Coral Springs, FL 33065</i>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>S-B</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <i>01-27-06</i> <i>954.227-1733</i><br><small>Date Daytime Phone #</small>  |  |  |