2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L05000074643

Entity Name: BZ, LLC

Current Principal Place of Business:

10191 WEST SAMPLE ROAD
SUITE 215
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10191 WEST SAMPLE ROAD
SUITE 215
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 34-2057587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIENTS, KAREN
10191 WEST SAMPLE ROAD
SUITE 215
CORAL SPRINGS, FL 33065 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: MGRM ( ) Delete
Name: ZIENTS, KAREN
Address: 10191 WEST SAMPLE ROAD, SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M ( ) Change (X) Addition
Name: ELAINE, BERKOW
Address: 10191 W SAMPLE RD SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

Title: M ( ) Change (X) Addition
Name: NANCY, BERKOW
Address: 10191 W SAMPLE RD SUITE 215
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify 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: KAREN ZIENTS MM 04/27/2007

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