

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072657

Entity Name: BIZ PROPERTIES, LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

28 W. FLAGLER STREET, SUITE 1000  
MIAMI, FL 33130

**New Principal Place of Business:**

3971 SW 8TH STREET  
SUITE 309  
MIAMI, FL 33134

**Current Mailing Address:**

28 W. FLAGLER STREET, SUITE 1000  
MIAMI, FL 33130

**New Mailing Address:**

3971 SW 8TH STREET  
SUITE 309  
MIAMI, FL 33134

FEI Number: 26-0526233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARISTE, RAMON A  
1941 SW 59TH AVENUE  
MIAMI, FL 33155 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: ARISTE, RAMON A  
Address: 1941 SW 59TH AVENUE  
City-St-Zip: MIAMI, FL 33155

Title: MGR ( ) Delete  
Name: ELWELL, WALTER A  
Address: 738 SANLANDER AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: ELWELL, WALTER A  
Address: 738 SANTANDER AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: WALTER A ELWELL

MGR

04/21/2008

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