

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072657

**Entity Name:** BIZ PROPERTIES, LLC

**Current Principal Place of Business:**

3971 SW 8TH STREET  
SUITE 309  
MIAMI, FL 33134

**Current Mailing Address:**

3971 SW 8TH STREET  
SUITE 309  
MIAMI, FL 33134

**FEI Number:** 26-0526233

**Certificate of Status Desired:** No

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

ARISTE, RAMON A  
1941 SW 59TH AVENUE  
MIAMI, FL 33155 US

*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

**Authorized Person(s) Detail :**

|                 |                     |                 |                       |
|-----------------|---------------------|-----------------|-----------------------|
| Title           | MGR                 | Title           | MGR                   |
| Name            | ARISTE, RAMON A     | Name            | ELWELL, WALTER A      |
| Address         | 1941 SW 59TH AVENUE | Address         | 738 SANTANDER AVENUE  |
| City-State-Zip: | MIAMI FL 33155      | City-State-Zip: | CORAL GABLES FL 33134 |

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WALTER A. ELWELL

**MANAGER**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date