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# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 24, 2002 8:00 am**
**Secretary of State**

01-22-2002 90019 020 ****50.00

DOCUMENT # L00000006030

1. Entity Name
TAZ HOLDINGS LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 410 TEQUESTA DRIVE<br>TEQUESTA FL 33469 | 410 TEQUESTA DRIVE<br>TEQUESTA FL 33469 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-1010528 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| K FER HOLDINGS, LLC<br>410 TEQUESTA DR.<br>TEQUESTA FL 33469 | Name: Arnold Blum<br>Street Address (P.O. Box Number is Not Acceptable): 410 Tequesta Drive<br>City: Tequesta FL Zip Code: 33469 |

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.

SIGNATURE: Arnold I. Blum — 2/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE | MEM ☒ Delete | TITLE | MEM ☒ Change ☐ Addition |
| NAME | BLUM, DIANE | NAME | Jay Blum |
| STREET ADDRESS | 410 TEQUESTA DR. | STREET ADDRESS | 6799 College Ct |
| CITY-ST-ZIP | TEQUESTA FL 33469 | CITY-ST-ZIP | Ft Lauderdale FL 33317 |
| TITLE | P ☐ Delete | TITLE | ☒ Change ☐ Addition |
| NAME | BLUM, DONALD | NAME | Blum Arnold |
| STREET ADDRESS | 410 TEQUESTA DR. | STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | CITY-ST-ZIP | |
| TITLE | S ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BLUM, ARNOLD | NAME | |
| STREET ADDRESS | 410 TEQUESTA DR. | STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | CITY-ST-ZIP | |
| TITLE | T ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BLUM, ARNOLD | NAME | |
| STREET ADDRESS | 410 TEQUESTA DR. | STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL 33469 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Arnold I. Blum REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #