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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 TEQUESTA FL 33469	410 TEQUESTA DRIVE 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 410 TEQUESTA DR. TEQUESTA FL 33469	Name Arnold Blum Street Address (P.O. Box Number is Not Acceptable) 410 Tequesta Dr. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BLUM, DIANE 410 TEQUESTA DR. TEQUESTA FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM Jay Blum 6799 College Ct Ft Lauderdale FL 33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLUM, DONALD 410 TEQUESTA DR. TEQUESTA FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Blum Arnold	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLUM, ARNOLD 410 TEQUESTA DR. TEQUESTA FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLUM, ARNOLD 410 TEQUESTA DR. TEQUESTA FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 #