2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90068 050 ****50.00

DOCUMENT # L01000019825

1. Entity Name
98 HOLDINGS, LLC

Principal Place of Business	Mailing Address
3225 AVIATION AVE SEVENTH FLOOR MIAMI BEACH FL 33133	C/O LAWRENCE S. KLITZMAN 3225 AVIATION AVE SEVENTH FLOOR MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3750 US 27 North	c/o Dennie DeBlasio
Suite, Apt. #, etc.	Suite, Apt. #, etc. 191 State Hwy #37
City & State: Sebring, Florida	City & State: Toms River, New Jersey
Zip: 33870-1645 Country: USA	Zip: 08753 Country: USA

4. FEI Number — 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
KLITZMAN, LAWRENCE S 3225 AVIATION AVE SEVENTH FLOOR MIAMI FL 33133	Name: Lawrence S. Klitzman P.A. Street Address (P.O. Box Number is Not Acceptable): 2200 North Commerce Parkway Suite 206 City: Weston FL Zip Code: 33326

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 [signature] Lawrence S. Klitzman 4-30-02
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	MGR FAMILY RESORTS OF AMERICA, INC. 3750 US 27 N SEBRING FL 33870-1645 ☐ 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
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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: SIGNATURE REQUIRED [signature] Lawrence S. Klitzman 4-30-02 9543844421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #