

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90138 014 ****55.00

DOCUMENT # L01000019825 1. Entity Name 98 HOLDINGS, LLC					
Principal Place of Business 3750 US 27 NORTH SEBRING, FL 33870-1645			Mailing Address C/O DENISE DEBLASIO 191 STATE HWY #37 TOMS RIVER, NJ 08753		
2. Principal Place of Business 11 PAGE DR.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State RED BANK, N.J.		City & State			
Zip 07701		Country U.S.A.		Zip	
Country		4. FEI Number NOT APPLICABLE			
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KLITZMAN, LAWRENCE S 2200 NORTH COMMERCE PKWY SUITE 206 WESTON, FL 33326				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
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 338701645	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DENISE DEBLASIO 11 PAGE DR. RED BANK, N.J. 07701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONRAD DEBLASIO 29 JOSEPH ST. SOUTH RIVER, N.J. 08882	☐ Change ☒ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
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 <i>Denise Deblasio</i>			SIGNATURE <i>Denise Deblasio</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/27/04 Daytime Phone # 1-800-250-5002		