2005 LIMITED LIABILITY COMPANY

Apr 25, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L01000019825 04-25-2005 90094 002 ****55.00 98 HOLDINGS, LLC Principal Place of Business Mailing Address C/O DENISE DEBLASIO 11 PAGE DR RED BANK, NJ 07701 191 STATE HWY #37 TOMS RIVER, NJ 08753 2. Mailing Address 40 DENTSE DEBUSIO 191 STATE HWY#37 W. 2. Principal Place of Busines 1915141€ H 04192005 CB2F083 /10/03) Chg-LLC Applied For 4. FEI Number RIVER N.J. oms RIVER NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired 凶 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLITZMAN, LAWRENCE S Street Address (P.O. Box Number is Not Acceptable) BODSE CASEY CIKLIN ETC 2200 NORTH COMMERCE PKWY SUITE 206 N. FLAGLER DR. - 18th FL. WESTON, FL 33326 KSI PARM BEACH Zip Code 3340/ 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) Signature, broad of printed name of registered exert and title if explicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM Change ☐ Addition TITLE ☐ Delete TITLE DENISE DEBLASIO 191 HWY 37 W. DEBLASIO, DENISE NAME NAME STREET ADDRESS 11 PAGE DR STREET ADDRESS OMS RIVER, N.J. 08755 CITY-ST-ZIP CETY-ST-ZIP RED BANK, NJ 07701 ШЕ MGRM Delete TILE ☐ Change Addition DEBLASIO, CONRAD MALE NAME 29 JOSEPH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH RIVER, NJ 08882 CITY-ST-7IP ☐ Change ☐ Addition TOTAL TITLE Delete NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШЕ ☐ Delete ΠŒ ☐ Change ☐ Addition NAME MALE STREET ADDRESS STREET ADDRESS COTY-ST-78P CITY-ST-7IP ME ☐ Delete TITLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition MILE ☐ Detete MIE ☐ Change HALF MALE

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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 into the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or further empowered to execute this report as required by Chapter 808, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP