

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1:

FILED
May 26, 2004 8:00 am
Secretary of State

05-11-2004 90001 018 ****50.00

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04302004 Chg-LLC CR2E083 (10/03)

4. FFI Number 20-0302680 Applied For Not Applicable

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

DOCUMENT # L03000041175
 1. Entity Name
 KSZ HOLDINGS, LLC



Principal Place of Business
 2933 WEST STATE ROAD 434, SUITE 131
 LONGWOOD, FL 32779

Mailing Address
 2933 WEST STATE ROAD 434, SUITE 131
 LONGWOOD, FL 32779

2. Principal Place of Business
6000 MetroWest Blvd
 Suite, Apt. #, etc. 105
 City & State Orlando FL

3. Mailing Address
6000 MetroWest Blvd
 Suite, Apt. #, etc. 105
 City & State Orlando FL

Zip 32835 Country ORANGE USA

Zip 32835 Country USA

6. Name and Address of Current Registered Agent
 TATICH, PHILIP
 341-NORTH MAITLAND AVENUE, SUITE 340
 MAITLAND, FL 32751

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>Managing Member</u> <input type="checkbox"/> Delete <u>Joseph Kantol</u> <u>6000 MetroWest Blvd Suite 105</u> <u>Orlando FL 32835</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <input type="checkbox"/> Delete <u>Moshé Ziv</u> <u>6000 MetroWest Blvd St 105</u> <u>Orlando FL 32835</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 808, Florida Statutes.

SIGNATURE: Joseph Kantol Managing member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____