

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000306

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** KAZI FAMILY LLC

**Current Principal Place of Business:**

A1A ESTATE THOMAS  
ST. THOMAS, VI 00802 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11239  
ST. THOMAS, VI 00801 US

**New Mailing Address:**

**FEI Number:** 52-1876616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD HOPKINS CO., LPA  
C/O ALAN BURGER, ESQ  
505 S. FLAGLER DRIVE SUITE 300  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** KAZI, KATHIJA  
**Address:** P.O. BOX 11239  
**City-St-Zip:** ST. THOMAS, VI 00801 US

**Title:** SECR  
**Name:** BURR, BRIAN M  
**Address:** 3671 SUNSWEPT DRIVE  
**City-St-Zip:** STUDIO CITY, CA 91604 US

**Title:** CFO  
**Name:** POLUDNIAK, STEPHEN E  
**Address:** 3671 SUNSWEPT DRIVE  
**City-St-Zip:** STUDIO CITY, CA 91604 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** STEPHEN POLUDNIAK

CFO

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date