



FLORIDA DEPARTMENT OF STATE
Sandra B. Morik
Secretary of State
DIVISION OF CORPORATIONS

A95000000398

FILED

98 MAY 29 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # A95000000398

1. Name of Limited Partnership
THE KAPLAN FAMILY LIMITED PARTNERSHIP

2. Mailing Address
1200 WASHINGTON ST.
Suite, Apt. #, etc.

3. Principal Office Address
1200 WASHINGTON ST
Suite, Apt. #, etc.

4. Date Formed or Registered To Do Business in Florida 3/9/95

5. FEI Number 65-0559334

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown on Record
551,500.-

8b. Amount of Capital Contributions in FLORIDA to date

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
KAPLAN, RICHARD J. ESQUIRE
1999 UNIVERSITY DRIVE # 402
CORAL SPRINGS, FL 33071

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
L.J. KAPLAN INC.	1200 WASHINGTON ST	HOLLYWOOD, FL 33019	P94000093256

600002545256--0

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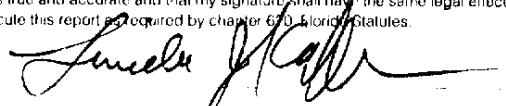
REINSTATEMENT

98

CR 6-1

Note: General partner(s) MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE 5/18/98

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E039 (12/97)