

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # A95000000398

1. Entity Name
THE KAPLAN FAMILY LIMITED PARTNERSHIP



FILED

04 JUN -4 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**1200 WASHINGTON STREET
HOLLYWOOD, FL 33019**

Mailing Address
**1200 WASHINGTON STREET
HOLLYWOOD, FL 33019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062004

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0559339

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLAN, RICHARD J ESQUIRE
1999 UNIVERSITY DRIVE, SUITE 402
CORAL SPRINGS, FL 33071**

Name

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

000037850600

06/10/04--01080--012 **88.75

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.

000037850600

06/10/04--01080--013 **437.50

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$551,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000093256**
NAME **L.J. KAPLAN, INC.**
STREET ADDRESS **1200 WASHINGTON STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

STREET ADDRESS
CITY-ST-ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE