2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

STAPLE

SIGNATURE: X

FILED Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # A95000000398 1. Entity Name THE KAPLAN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1200 WASHINGTON STREET HOLLYWOOD FL 33019 1200 WASHINGTON STREET HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0559339 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAPLAN, LINDA Street Address (P.O. Box Number is Not Acceptable) 209 E HÁLLANDALE BEACH BLVD **HOLLANDALE FL 33009** 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. 11. FILE NOW!!! Due by May 1, 2005. - See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$551,500.00 551,500 in FLORIDA to date. as Shown on record 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # P94000093256 STREET ADDRESS L.J. KAPLAN, INC. NAME 000000294936 1200 WASHINGTON STREET STREET ADDRESS CITY-ST-ZIP 04/09/05-60008-015 526.25 CITY-ST-ZIP HOLLYWOOD FL 33019 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to section this report as required by Chapter 620, Florida Statutes

ED NAME OF THING GENERAL PARTNER

Date

Davime Phone #