2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000019

FILED
2003 OCT 22 PM 2:05
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000036 AT

1. Entity Name
KAPLAN FAMILY PARTNERS, LTD.

Principal Place of Business	Mailing Address
1945 N.E. 201ST STREET NORTH MIAMI BEACH FL 33179	1945 N.E. 201ST STREET NORTH MIAMI BEACH FL 33179

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number 010552765 ☐ 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
MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BOULEVARD, SUITE 1700 MIAMI FL 33131	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.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00	400,000.00	

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 #	L02000000327	STREET ADDRESS	
NAME	ABALYNE, LLC	CITY-ST-ZIP	700073193267 09/18/03 01034-001 **535.00
STREET ADDRESS	1945 N.E. 201ST STREET		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400024021434 09/18/03 01089 001 **535.00
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (4/03)

STAPLE CHECK HERE

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: Stephen Michael Kaplan, member of Abalyne, LLC, G.P. 9/9/03 (305) 935-3823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #