

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

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000398	
1. Entity Name THE KAPLAN FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 1200 WASHINGTON STREET HOLLYWOOD FL 33019	Mailing Address 1200 WASHINGTON STREET HOLLYWOOD FL 33019
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0559339	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAPLAN, LINDA 209 E HALLANDALE BEACH BLVD HOLLANDALE FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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

DATE

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

9. Capital Contributions
as Shown on record. \$551,500.00

10. Amount of Capital Contributions
in FLORIDA to date. 551,500.00

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 # P94000093256	NAME L.J. KAPLAN, INC.	STREET ADDRESS	
STREET ADDRESS 1200 WASHINGTON STREET		CITY - ST - ZIP	
CITY - ST - ZIP HOLLYWOOD FL 33019			000000254936 04/09/05-80008-015 526.25
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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)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE