LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -3

DOCUMENT # A95000002053

1. Entity Name

Kapkids, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
222 North Passaic Ave.	c/o E. Yudanin Orloff, Lowenbach, et al. 101 Eisenhower Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chatham, NJ	City & State: Roseland, NJ
Zip: 07928 Country: USA	Zip: 07068 Country: USA

DUE BY MAY 1

4. FEI Number: 22-341 3993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Elbert A. Kaplan

Street Address (P.O. Box Number is Not Acceptable): 3251 Bayou Sound

City: Longboat Key **FL** Zip Code: 34228

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.

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 DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION
$484,881	$624,881	

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

DOCUMENT #		STREET ADDRESS	AL 1
NAME	Elbert A. Kaplan Living Trust	CITY-ST-ZIP	
STREET ADDRESS	3251 Bayou Sound	STREET ADDRESS	300005184303--2
CITY-ST-ZIP	Longboat Key, FL 34228	CITY-ST-ZIP	-04/03/02--01012--021 ****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS		STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	FF $526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003B (12/01)

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.

Elbert A. Kaplan Living Trust, Elbert A. Kaplan, Trustee

SIGNATURE: _____ 3/11/02 (973) 635-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #