LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90144 022 ****50.00

DOCUMENT # L01000020858

1. Entity Name

RJDD, L.L.C.

DO NOT WRITE IN THIS SPACE

24064179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
222 NORTH PASSAIC AVE	222 NORTH PASSAIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHATHAM, NJ	City & State: CHATHAM, NJ
Zip: 07928 Country: USA	Zip: 07928 Country: USA

4. FEI Number: 22-3834991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 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. 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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	D	TITLE	
NAME	KAPLAN, ELBERT A	NAME	
STREET ADDRESS	3251 BAYOU SOUND	STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	JULIA KAPLAN GRANTOR TRUST	NAME	
STREET ADDRESS	222 NORTH PASSAIC AVE	STREET ADDRESS	
CITY - ST - ZIP	CHATHAM, NJ 07928	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	ROBIN KAPLAN GRANTOR TRUST	NAME	
STREET ADDRESS	222 NORTH PASSAIC AVE	STREET ADDRESS	
CITY - ST - ZIP	CHATHAM, NJ 07928	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE	D	TITLE	
NAME	DINA KAPLAN GRANTOR TRUST	NAME	
STREET ADDRESS	222 NORTH PASSAIC AVE	STREET ADDRESS	
CITY - ST - ZIP	CHATHAM, NJ 07928	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CR2E083B (12/02)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David Applebaum 4/13/04 973 635 1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

STF FL32519F.1