

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90341 025 \*\*\*\*50.00

DOCUMENT # L03000017458

1. Entity Name

CAPLAN DESIGN, L.L.C.



Principal Place of Business

231 SOUTHLAND ROAD  
PALM BEACH FL 33480  
US

Mailing Address

231 SOUTHLAND ROAD  
PALM BEACH FL 33480  
US



2. Principal Place of Business - No P.O. Box #

2774 S. OCEAN BLVD

3. Mailing Address

2774 S. OCEAN BLVD

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

PALM BEACH FL

City & State

PALM BEACH FL

Zip 33480

Country USA

Zip 33480

Country USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, BERNARD JR  
231 SOUTHLAND ROAD  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CAPLAN, DOROTHY L  
STREET ADDRESS 231 SOUTHLAND RD  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE MGR  
NAME CAPLAN, BERNARD  
STREET ADDRESS 231 SOUTHLAND RD  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/14/07 561-866-6003