

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90019 026 ***138.75

DOCUMENT # L03000017458

1. Entity Name

CAPLAN DESIGN, L.L.C.



Principal Place of Business

2774 S OCEAN BLVD
105
PALM BEACH FL 33480
US

Mailing Address

2774 S OCEAN BLVD
105
PALM BEACH FL 33480
US



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

3000 S. OCEAN BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

302N

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

FL

Zip

33480

Country

USA

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

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

Bernard Caplan

3/12/08

Signature, typed or printed name of registered agent and the filer (Filer's name)

(Filer's Registered Agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAPLAN, DOROTHY L	
STREET ADDRESS	2774 S OCEAN BLVD	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAPLAN, BERNARD	
STREET ADDRESS	2774 S OCEAN BLVD	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Bernard Caplan

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

Date

3/12/08

Daytime Phone #