

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90027 038 ***150.00

DOCUMENT # L03000017901

1. Entity Name
WOLPERT & KAPLAN REALTY LLC



Principal Place of Business
9100 SOUTH DADELAND BLVD., SUITE 1550
MIAMI, FL 33156

Mailing Address
9100 SOUTH DADELAND BLVD., SUITE 1550
MIAMI, FL 33156

44003032



2. Principal Place of Business
7315 SW 87th Ave
Suite, Apt. #, etc.
Suite 200
City & State
Miami, FL 33173
Zip
33173
Country
USA

3. Mailing Address
7315 SW 87th Ave
Suite, Apt. #, etc.
Suite 200
City & State
Miami, FL 33173
Zip
33173
Country
USA

01032004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-6783449
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLPERT & ASSOCIATES, P.A.
~~9100 SOUTH DADELAND BLVD., SUITE 1550~~
~~MIAMI, FL 33156~~

7315 SW 87th Ave, Ste 200
Miami, FL 33173

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|---------------------------------------|---------------------------------|-----------------------|-----------------------------|--|
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAPLAN, JEFFREY D | | NAME | Kaplan, Jeffrey D | |
| STREET ADDRESS | 9100 SOUTH DADELAND BLVD., SUITE 1550 | | STREET ADDRESS | 7315 SW 87th Ave, Suite 200 | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | CITY-ST-ZIP | Miami, FL 33173 | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | MGR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLPERT, ANTHONY H | | NAME | Wolpert, Anthony H | |
| STREET ADDRESS | 9100 SOUTH DADELAND BLVD., SUITE 1550 | | STREET ADDRESS | 7315 SW 87th Ave, Suite 200 | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | CITY-ST-ZIP | Miami, FL 33173 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: Jeffrey D. Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-16-2004

Date

305/595-1572

Daytime Phone #