2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000017901

1. *Entity Name*
WOLPERT & KAPLAN REALTY LLC

Principal Place of Business	Mailing Address
7315 SW 87TH AVE SUITE 200 MIAMI, FL 33173 US	7315 SW 87TH AVE SUITE 200 MIAMI, FL 33173 US

DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
01-0783449	Not Applicable

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

6. Name and Address of Current Registered Agent

WOLPERT & ASSOCIATES, P.A.
7315 SW 87TH AVE., SUITE 200
MIAMI, FL 33173

DO NOT WRITE
IN THIS SPACE

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

Filing Fee is $50.00
Due by May 1, 2006

‖000000383094
01/12/06-80037-025 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KAPLAN, JEFFREY D
STREET ADDRESS	7315 SW 87TH AVE., SUITE 200
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	MGR
NAME	WOLPERT, ANTHONY H
STREET ADDRESS	7315 SW 87TH AVE., SUITE 200
CITY-ST-ZIP	MIAMI, FL 33173
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	

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

Jeffrey D. Kaplan

SIGNATURE: *Jeffrey D. Kaplan*   1-6-2006   305/595-1572

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