4-28-05; 10:03AM;

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-03-2005 90028 016 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000017346

1. Entity Name

ED KAPLAN ASSOCIATES, LLC

Principal Place of Business	Mailing Address
C/O EDWIN KAPLAN 6786 WILLOWOOD DR BOCA RATON FL 33434	C/O EDWIN KAPLAN 6786 WILLOWOOD DR BOCA RATON FL 33434

2. Principal Place of Business		3. Mailing Address	
ABOVE		ABOVE	
Suite, Apt. #, etc. 1006		Suite, Apt. #, etc. 1006	
City & State		City & State	
Zip	Country USA	Zip	Country USA

4. FEI Number 22-2684899 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAPLAN, EDWIN
6786 WILLOWOOD DR
BOCA RATON FL 33434

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[illegible]

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, EDWIN 6786 WILLOWOOD DR BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Edwin Kaplan 4/27/05 561-482-6115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #