

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90044 034 ****50.00

DOCUMENT # L04000017346					
1. Entity Name ED KAPLAN ASSOCIATES, LLC					
Principal Place of Business C/O EDWIN KAPLAN 6786 WILLOWOOD DR, 1006 BOCA RATON, FL 33434			Mailing Address C/O EDWIN KAPLAN 6786 WILLOWOOD DR, 1006 BOCA RATON, FL 33434		
2. Principal Place of Business 3700 S. OCEAN BLVD. Suite, Apt. #, etc. 1010		3. Mailing Address 3700 S. OCEAN BLVD. Suite, Apt. #, etc. 1010			
City & State HIGHLAND BEACH Zip 33487 Country USA		City & State HIGHLAND BEACH Zip 33487 Country USA		07132006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 22-2684899				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KAPLAN, EDWIN 6786 WILLOWOOD DR, 1006 BOCA RATON, FL 33434 3700 S. OCEAN BLVD. HIGHLAND BEACH, FL. 33487			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 <u>Edwin Kaplan</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAPLAN, EDWIN 6786 WILLOWOOD DR, 1006 BOCA RATON, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR PARTNER STEVEN KAPLAN 630-3RD AVE. NEW YORK, N.Y. 10017 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER MICHAEL KAPLAN 101 EVERGREEN CT. FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER DOUGLAS KAPLAN 17 PINE HILL RD. CLOSTER NJ 07624 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Edwin Kaplan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/12/06 <small>Date</small>		201-224-3439 <small>Daytime Phone #</small>