

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034714

Entity Name: KAPLAN TOSCONA, LLC

FILED  
Jul 09, 2007  
Secretary of State

## Current Principal Place of Business:

C/O LAMONT NEIMAN INTERIAN & BELLET, P.A.  
1 BISCAYNE TOWER #3550 2 S. BISCAYNE BLVD  
MIAMI, FL 33131

## Current Mailing Address:

C/O LAMONT NEIMAN INTERIAN & BELLET, P.A.  
1 BISCAYNE TOWER #3550 2 S. BISCAYNE BLVD  
MIAMI, FL 33131

## New Principal Place of Business:

C/O KAPLAN; 3700 SOUTH OCEAN BOULEVARD  
#1010  
HIGHLAND BEACH, FL 33487

## New Mailing Address:

C/O DOUGLAS KAPLAN; 440 SYLVAN AVENUE  
SUITE 230  
ENGLEWOOD CLIFFS, NJ 07632

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
ONE BISCAYNE TOWER, SUITE 3550  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition  
Name: KAPLAN, DOUGLAS S  
Address: 440 SYLVAN AVENUE, #230  
City-St-Zip: ENGELWOOD CLIFFS, NJ 07632

Title: MR. ( ) Change (X) Addition  
Name: KAPLAN, STEVEN M  
Address: 236 HARDENBURGH AVENUE  
City-St-Zip: DEMAREST, NJ 07627

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: /STEVENMKAPLAN/

MR.

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date