

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034714

Entity Name: KAPLAN TOSCONA, LLC

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

17 PINE HILL ROAD  
SUITE 230  
CLOSTER, NJ 07624

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

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

## ADDITIONS/CHANGES:

Title: MR. (X) Change ( ) Addition  
Name: KAPLAN, DOUGLAS S  
Address: 17 PINE HILL ROAD  
City-St-Zip: CLOSTER, NJ 07624

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN M. KAPLAN

MR.

03/20/2009

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