

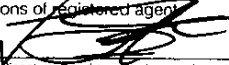



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90091 004 ***143.75

DOCUMENT # L99000005053 1. Entity Name BERNSTEIN, KAPLAN & KRAUSS, L.L.C.					
Principal Place of Business 120 E. PALMETTO PARK ROAD, SUITE 400 BOCA RATON, FL 33432			Mailing Address 120 E. PALMETTO PARK ROAD, SUITE 400 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 6111 BROKEN SOUND PIKE P.W.		3. Mailing Address Suite 340			
Suite, Apt. #, etc. Suite 340		Suite, Apt. #, etc. Suite 340			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33487		Country Palm Beach		01142008 Chg-LLC CR2E083 (12/06)	
Zip 33487		Country USA		4. FEI Number 65-0943315	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KAPLAN, THOMAS 7783 TALAVERA PLACE DELRAY BEACH, FL 33446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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:  Thomas R. KAPLAN 1/29/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, KENNETH H 19638 STAR ISLAND DR BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPLAN, THOMAS R 7783 TALAVERA PLACE DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		<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"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	