

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90152 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 841056

1. Corporation Name
REDA REALTY CORPORATION

Principal Place of Business NORTHSTAR PRESIDIO MANAGEMENT COMPANY LLC 411 W PUTNAM AVE. SUITE 270 GREENWICH CT 06830 US	Mailing Address NORTHSTAR PRESIDIO MANAGEMENT COMPANY LLC 411 W PUTNAM AVE. SUITE 270 GREENWICH CT 06830 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1978

4. FEI Number
13-2907171

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SABELLE, RICHARD	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	SCHACHTER, LAWRENCE R	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ROTHSCHILD, ALLAN B	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUMBER, CHARLES	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VPTS	<input type="checkbox"/> DELETE
NAME	REARDON, KEVIN	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLAN B. ROTHSCHILD	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SVP, Tre, Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. Peter Paganelli	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	same	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dallas E. Lucas	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **1-27-99** **(203) 862-7032**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)