
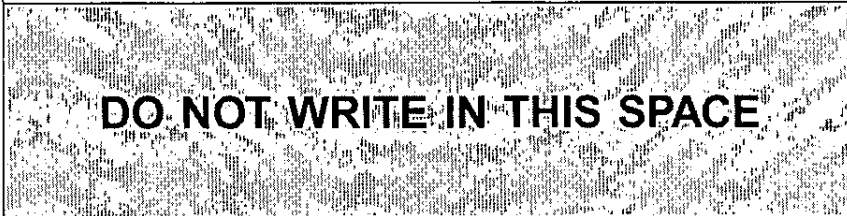


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # 855623 1. Entity Name LOEB PARTNERS CORPORATION	
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Principal Place of Business 61 BROADWAY 24TH FLOOR NEW YORK, NY 10006	Mailing Address 61 BROADWAY 24TH FLOOR NEW YORK, NY 10006
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07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3114801	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525



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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINTZ, NORMAN N 445 RIVERSIDE DR NEW YORK, NY 10027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAMPBELL, EDWARD 61 BROADWAY NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KEMPNER, THOMAS L. 895 PARK AVE. N.Y., NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EMANUEL, MICHAEL 34 BRISTOL COURT BERKELEY HEIGHTS, NJ 07922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **18 July 06** **212 483-7026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #