


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90025 013 \*\*\*150.00

DOCUMENT # F03000004164  
 1. Entity Name  
 KNICKERBOCKER PROPERTIES, INC. XLI



Principal Place of Business Mailing Address  
 C/O SENTINEL REAL ESTATE CORP C/O SENTINEL REAL ESTATE CORP  
 1251 AVENUE OF THE AMERICAS 1251 AVENUE OF THE AMERICAS  
 NEW YORK NY 10020 NEW YORK NY 10020

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

4. FEI Number 76-0738190 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILIP, GEORGE	
STREET ADDRESS	10 CORPORATE WOODS DR.	
CITY-ST-ZIP	ALBANY NY 12211	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, JAMES	
STREET ADDRESS	10 CORPORATE WOODS DR.	
CITY-ST-ZIP	ALBANY NY 12211	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, WYANE	
STREET ADDRESS	10 CORPORATE WOODS DR.	
CITY-ST-ZIP	ALBANY NY 12211	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASSIDY, MILLIE C	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRESLIN, ANITA	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELLI, NOEL	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schneider, Wayne	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:  2/11/05 212-408-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #