


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F04000005922 1. Entity Name KRC PROPERTY MANAGEMENT I, INC.	
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Principal Place of Business 3333 NEW HYDE PARK ROAD NEW HDE PARK, NY 11042	Mailing Address 3333 NEW HYDE PARK ROAD NEW HDE PARK, NY 11042
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number 05-0535230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	DCCE <input type="checkbox"/> Delete
NAME	COOPER, MILTON
STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	NEW HDE PARK, NY 11042
TITLE	DPCO <input type="checkbox"/> Delete
NAME	FLYNN, MICHAEL J
STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	NEW HDE PARK, NY 11042
TITLE	DVCC <input type="checkbox"/> Delete
NAME	HENRY, DAVID B
STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	NEW HDE PARK, NY 11042
TITLE	EV <input type="checkbox"/> Delete
NAME	FRIEDMAN, JERALD
STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	NEW HDE PARK, NY 11042
TITLE	V <input type="checkbox"/> Delete
NAME	SCHINDLER, MICHAEL
STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	NEW HDE PARK, NY 11042
TITLE	AS <input type="checkbox"/> Delete
NAME	WELSH, KATY
STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	NEW HDE PARK, NY 11042

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000750444
STREET ADDRESS	05/18/07-80063-012 150.00
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	
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 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: _____ **4/4/07** **516 869 9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #