


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90006 023 \*\*\*150.00

<b>DOCUMENT # P02962</b>					
1. Entity Name <b>SB PARTNERS REAL ESTATE CORPORATION</b>					
Principal Place of Business <b>1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 US</b>		Mailing Address <b>1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-2636431</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STREICKER, JOHN H.	NAME			
STREET ADDRESS	1251 AVE. OF THE AMERICAS	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNY, MICHAEL	NAME			
STREET ADDRESS	1251 AVE. OF THE AMERICAS	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASIDY, MILLIE C	NAME	<i>Cassidy</i>		
STREET ADDRESS	1251 AVE. OF THE AMERICAS	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIENER, DAVID S	NAME	<i>Weiner, David</i>		
STREET ADDRESS	1251 AVE. OF THE AMERICAS	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTTENBERG, ELLYN	NAME			
STREET ADDRESS	1251 AVE. OF THE AMERICAS	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020	CITY-ST-ZIP			
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIETJEN, GEORGE	NAME			
STREET ADDRESS	1251 AVE. OF THE AMERICAS	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020	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: <i>Ellen Guttenberg, Asst Secy</i>		2/13/04		212-408-5000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	