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**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 825420</b>				<b>May 02, 2005 08:00 AM</b> <b>Secretary of State</b>	
1. Entity Name <b>KIMCO PROPERTIES, INC.</b>					
Principal Place of Business <b>3333 NEW HYDE PARK ROAD STE 100 NEW HYDE PARK NY 11042</b>		Mailing Address <b>KIMCO REALTY CORP/ P.O. BOX 5020 NEW HYDE PARK NY 11042</b>			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-2731270</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, MILTON		NAME	U00000351905	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS	05/03/05-80002-011 150.00	
CITY-ST-ZIP	NEW HYDE PK NY 11042		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHINDLER, MICHAEL		NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK. NY 11042		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, MIKE		NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK NY 11042		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARMAK, JOEL I		NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK NY 11042		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAGALLO, MIKE		NAME		
STREET ADDRESS	3333 NEW HYDE PK RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK NY 11042		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUDERER, BRUCE		NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK NY 11042		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)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					