


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 834637 1. Entity Name LOEB PARTNERS REALTY AND DEVELOPMENT CORP.	
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Principal Place of Business 444 SEABREEZE BOULEVARD SUITE 325 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BOULEVARD SUITE 325 DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1596898	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 MONACO, SMITH, HOOD, PERKINS, LOUCKS & STOUT 444 SEABREEZE BOULEVARD, SUITE 900 DAYTONA BEACH, FL 32118	DO NOT WRITE IN THIS SPACE
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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 \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000124984 04/22/04-80068-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LESSER, JOSEPH S. 521 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS OSDOBY, STEVEN L. 521 FIFTH AVENUE NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GORDON, ALAN L. 521 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSBERG, PHYLLIS 521 FIFTH AVENUE NEW YORK, NY 10175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAUGHTON, GARY L. 521 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **ALAN L. GORDON** 4/13/04 212 883 0381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #