

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 834637

1. Entity Name
LOEB PARTNERS REALTY AND DEVELOPMENT CORP.



Principal Place of Business
**%LOEB PARTNERS REALTY
521 FIFTH AVE., STE. 2300
NEW YORK, NY 10175**

Mailing Address
**%LOEB PARTNERS REALTY
521 FIFTH AVE., STE. 2300
NEW YORK, NY 10175**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1596898

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN L. GORDON

Date

Daytime Phone #