2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000005618

1. Entity Name
DOUGLAS COLONNADE MEZZANINE SPE CORP.

Principal Place of Business	Mailing Address
ONE ROCKEFELLER PLACE SUITE 2300 C/O COLONNADE PROPERTIES, LLC NEW YORK, NY 10020	ONE ROCKEFELLER PLACE SUITE 2300 C/O COLONNADE PROPERTIES, LLC NEW YORK, NY 10020

DO NOT WRITE IN THIS SPACE

03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4193803
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE.
28TH FLOOR
MIAMI, FL 33131

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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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAMBUCO, JOSEPH S
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	DC
NAME	TAYLOR, PAUL E III
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	DV
NAME	MANEY, MICHAEL H
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	V
NAME	FELDMAN, JEFFREY B
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	V
NAME	VUKOVICH, KAREN
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	V
NAME	DRIESSEN, DAWN M
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300
CITY-ST-ZIP	NEW YORK, NY 10020

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04/12/04-80067-011 150.00

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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: Joe Sambuco 3/12/04 (212) 632-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #