
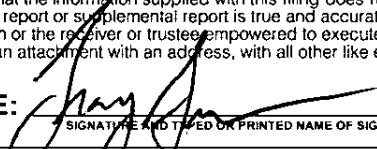


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90188 016 \*\*\*150.00

<b>DOCUMENT # F01000006062</b>					
1. Entity Name KNICKERBOCKER PROPERTIES, INC. XXXVI					
Principal Place of Business 13155 NOEL RD THREE GALLERIA TOWER STE 500 DALLAS, TX 75240			Mailing Address 13155 NOEL RD THREE GALLERIA TOWER STE 500 DALLAS, TX 75240		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3791633	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</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	P <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARMER, DAVID N	NAME	Farmér, David N.		
STREET ADDRESS	13155 NOEL RD, 3 GALLERIA TOWER STE 500	STREET ADDRESS	13155 Noel Rd., 3 Galleria Twr., Ste. 500		
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	Dallas, TX 75240		
TITLE	V <input type="checkbox"/> Delete	TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAGSDALE, RONALD	NAME	Ragsdale, Ronald		
STREET ADDRESS	13155 NOEL RD, 3 GALLERIA TOWER STE 500	STREET ADDRESS	13155 Noel Rd., 3 Galleria Twr., Ste. 500		
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	Dallas, TX 75240		
TITLE	V <input type="checkbox"/> Delete	TITLE	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRBY, MICHAEL	NAME	Kirby, Michael		
STREET ADDRESS	13155 NOEL RD, 3 GALLERIA TOWER STE 500	STREET ADDRESS	13155 Noel Rd., 3 Galleria Twr., Ste. 500		
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	Dallas, TX 75240		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIDLEY, DAVID A	NAME			
STREET ADDRESS	13155 NOEL RD, 3 GALLERIA TOWER STE 500	STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP			
TITLE	VAS <input checked="" type="checkbox"/> Delete	TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOPKINS, ROCKWELL L	NAME	Johnson, Kevin		
STREET ADDRESS	13155 NOEL RD, 3 GALLERIA TOWER STE 500	STREET ADDRESS	13155 Noel Rd., 3 Galleria Twr., Ste. 500		
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP	Dallas, TX 75240		
TITLE	TAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREEN, TRACY	NAME			
STREET ADDRESS	13155 NOEL RD, 3 GALLERIA TOWER STE 500	STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75240	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Tracy Green		4/11/06 (972) 715-7400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



04122006 Chg-P CR2E034 (11/05)