


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90164 023 ***150.00

DOCUMENT # F04000005922	
1. Entity Name KRC PROPERTY MANAGEMENT I INC.	

Principal Place of Business 3333 NEW HYDE PARK ROAD NEW HDE PARK NY 11042	Mailing Address 3333 NEW HYDE PARK ROAD NEW HDE PARK NY 11042
---	---



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 05-0535230	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
--

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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																								
<table border="1"> <tr> <td>TITLE</td> <td>DCCE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>COOPER, MILTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3333 NEW HYDE PARK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW HDE PARK NY 11042</td> <td></td> </tr> </table>	TITLE	DCCE	<input type="checkbox"/> Delete	NAME	COOPER, MILTON		STREET ADDRESS	3333 NEW HYDE PARK ROAD		CITY-ST-ZIP	NEW HDE PARK NY 11042		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DCCE	<input type="checkbox"/> Delete																							
NAME	COOPER, MILTON																								
STREET ADDRESS	3333 NEW HYDE PARK ROAD																								
CITY-ST-ZIP	NEW HDE PARK NY 11042																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>DPCO</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLYNN, MICHAEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3333 NEW HYDE PARK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW HDE PARK NY 11042</td> <td></td> </tr> </table>	TITLE	DPCO	<input type="checkbox"/> Delete	NAME	FLYNN, MICHAEL J		STREET ADDRESS	3333 NEW HYDE PARK ROAD		CITY-ST-ZIP	NEW HDE PARK NY 11042		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DPCO	<input type="checkbox"/> Delete																							
NAME	FLYNN, MICHAEL J																								
STREET ADDRESS	3333 NEW HYDE PARK ROAD																								
CITY-ST-ZIP	NEW HDE PARK NY 11042																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>DVCC</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HENRY, DAVID B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3333 NEW HYDE PARK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW HDE PARK NY 11042</td> <td></td> </tr> </table>	TITLE	DVCC	<input type="checkbox"/> Delete	NAME	HENRY, DAVID B		STREET ADDRESS	3333 NEW HYDE PARK ROAD		CITY-ST-ZIP	NEW HDE PARK NY 11042		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DVCC	<input type="checkbox"/> Delete																							
NAME	HENRY, DAVID B																								
STREET ADDRESS	3333 NEW HYDE PARK ROAD																								
CITY-ST-ZIP	NEW HDE PARK NY 11042																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>EV</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FRIEDMAN, JERALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3333 NEW HYDE PARK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW HDE PARK NY 11042</td> <td></td> </tr> </table>	TITLE	EV	<input type="checkbox"/> Delete	NAME	FRIEDMAN, JERALD		STREET ADDRESS	3333 NEW HYDE PARK ROAD		CITY-ST-ZIP	NEW HDE PARK NY 11042		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	EV	<input type="checkbox"/> Delete																							
NAME	FRIEDMAN, JERALD																								
STREET ADDRESS	3333 NEW HYDE PARK ROAD																								
CITY-ST-ZIP	NEW HDE PARK NY 11042																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>EV</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CAPUTO, THOMAS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3333 NEW HYDE PARK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW HDE PARK NY 11042</td> <td></td> </tr> </table>	TITLE	EV	<input checked="" type="checkbox"/> Delete	NAME	CAPUTO, THOMAS A		STREET ADDRESS	3333 NEW HYDE PARK ROAD		CITY-ST-ZIP	NEW HDE PARK NY 11042		<table border="1"> <tr> <td>TITLE</td> <td>V P</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Michael Schindler</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3333 New Hyde Park Rd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>new Hyde Park NY 11042</td> <td></td> </tr> </table>	TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Michael Schindler		STREET ADDRESS	3333 New Hyde Park Rd		CITY-ST-ZIP	new Hyde Park NY 11042	
TITLE	EV	<input checked="" type="checkbox"/> Delete																							
NAME	CAPUTO, THOMAS A																								
STREET ADDRESS	3333 NEW HYDE PARK ROAD																								
CITY-ST-ZIP	NEW HDE PARK NY 11042																								
TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	Michael Schindler																								
STREET ADDRESS	3333 New Hyde Park Rd																								
CITY-ST-ZIP	new Hyde Park NY 11042																								
<table border="1"> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NADLER, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3333 NEW HYDE PARK ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW HDE PARK NY 11042</td> <td></td> </tr> </table>	TITLE	V	<input type="checkbox"/> Delete	NAME	NADLER, ROBERT		STREET ADDRESS	3333 NEW HYDE PARK ROAD		CITY-ST-ZIP	NEW HDE PARK NY 11042		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete																							
NAME	NADLER, ROBERT																								
STREET ADDRESS	3333 NEW HYDE PARK ROAD																								
CITY-ST-ZIP	NEW HDE PARK NY 11042																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
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)(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: _____	4-27-05 56869900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #