


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90093 015 ***150.00

DOCUMENT # F04000006370	
1. Entity Name ROCKEFELLER & ASSOCIATES REALTY, INC.	

Principal Place of Business C/O ROCKWOOD CAPITAL CORPORATION 23RD FL, TWO EMBARCADERO CENTER SAN FRANCISCO CA 94111	Mailing Address C/O ROCKWOOD CAPITAL CORPORATION 23RD FL, TWO EMBARCADERO CENTER SAN FRANCISCO CA 94111
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2. Principal Place of Business C/O RICHARD CATALDO	3. Mailing Address C/O RICHARD CATALDO
Suite, Apt. #, etc. 30 ROCKEFELLER PLAZA RM 5600	Suite, Apt. #, etc. 30 ROCKEFELLER PLAZA RM 5600

1st MOORE CR2E034 (10/04)

City & State NEW YORK, NY	City & State NEW YORK, NY
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4. FEI Number 94-3124705	Applied For <input type="checkbox"/> Not Applicable
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Zip 10112	Country USA	Zip 10112	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCDP SALOMON, RICHARD E 610 FIFTH AVENUE, 7TH FLOOR NEW YORK NY 10020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CATALDO, RICHARD ROOM 5600, 30 ROCKEFELLER PLAZA NEW YORK NY 10112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERMAN, PETER W C/O MILBANK, TWEE, ET AL, 1 CHASE MANHATTA NEW YORK NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERB, MICHAEL S. 655 MONTGOMERY STREET SAN FRANCISCO, CA 94103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard E. Salomon - Treasurer 4/22/05 212.649.5207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #