2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F93000004134

1. Entity Name

SENTINEL REALTY CORP. II

Principal Place of Business	Mailing Address
1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 US	1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 US

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 13-3549826	Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	STREICKER, JOHN H		NAME			
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CASSIDY, MILLIE C		NAME			
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP			
TITLE	S _	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	KENNY, MICHAEL J		NAME			
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP			
TITLE	T	☒ Delete	TITLE	T	☐ Change	☒ Addition
NAME	LONGO, ELIZABETH		NAME	Roth, Leland		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS	1251 Avenue of the Americas		
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP	New York, NY 10020		
TITLE	V	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WEINBERGER, MICHAEL J		NAME			
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020		CITY-ST-ZIP			
TITLE	VD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WEINER, DAVID		NAME			
STREET ADDRESS	1251 AVENUE OF THE AMERICAS		STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10020		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: _____   2/11/05   212-408-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #