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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005671 (3)

1. Corporation Name
LBK DEVELOPMENT, INC.



Principal Place of Business

520 MADISON AVE.
SIXTH FLOOR
NEW YORK NY 10022

Mailing Address

520 MADISON AVE.
6TH FLOOR C/O TISHMAN SPEYER PROPERTIES
NEW YORK NY 10022-4213
US

3. Date Incorporated or Qualified
12/14/1993

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPEYER, JERRY I	
STREET ADDRESS	520 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NATHAN, ANDREW J	
STREET ADDRESS	520 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, GARY W	
STREET ADDRESS	520 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	T	<input type="checkbox"/> DELETE
NAME	AUGARTEN, DAVID N	
STREET ADDRESS	520 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY 10022	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	TISHMAN, ROBERT V	
STREET ADDRESS	520 MADISON AVE.	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Nathan, J. Andrew
3.4 CITY - ST - ZIP	520 Madison Avenue New York, NY 10022
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQ

Andrew J. Nathan, VP

1/16/97

(212) 715 -0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)