
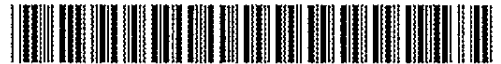


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G12466</b> 1. Entity Name TURNER REAL ESTATE MANAGEMENT, INC.	
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Principal Place of Business 375 HUDSON ST. NEW YORK, NY 10014	Mailing Address 375 HUDSON ST. NEW YORK, NY 10014
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02092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2331250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT SLEEMAN, DONALD G 901 MAIN STREET DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS WILLOX, LORI V 901 MAIN STREET DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC MURPHY, MICHAEL J 901 MAIN STREET DALLAS, TX 75202
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS TOLENTINO, RAFAEL A 375 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FEE, ROBERT E 375 HUDSON STREET NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1100000126940  
04/29/04-80721-006 150.00

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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/21/04 Date	214.915.9650 Daytime Phone #
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