

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 07, 2006
Secretary of State**

DOCUMENT# N93000001279

Entity Name: THE SHELBOURNE APARTMENT BUILDING, INC.**Current Principal Place of Business:**710 JEFFERSON AVE
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**945 PENNSYLVANIA AVE
MIAMI BCH, FL 33139**New Mailing Address:**

FEI Number: 65-0457251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DATORRE, ROBERTO
945 PENNSYLVANIA AVE
MIAMI BEACH, FL 33139 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: WOOD, RICHARD
Address: 945 PENNSYLVANNIA AVE
City-St-Zip: MIAMI, FL 33139Title: P () Delete
Name: DATORRE, ROBERTO
Address: 945 PENNSYLVANIA AVE
City-St-Zip: MIAMI BEACH, FL 33139Title: D (X) Delete
Name: SPRING, DANNY
Address: 945 PENNSYLVANIA AVE.
City-St-Zip: MIAMI BEACH, FL 33139Title: D (X) Delete
Name: WALLACE, STEFFI
Address: 945 PENNSYLVANIA AVE.
City-St-Zip: MIAMI BEACH, FL 33139**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: TOMLIN, DONALD
Address: 945 PENNSYLVANNIA AVE
City-St-Zip: MIAMI, FL 33139Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD TOMLIN

D

08/07/2006

Electronic Signature of Signing Officer or Director

Date