2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000010207

Entity Name: FALCON PARTNERS REALTY AND CAPITAL CORPORATION

FILED May 03, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3300 UNIVERSITY DRIVE, SUITE 001 1951 NW 19TH STREET CORAL SPRINGS, FL 33065 SUITE 200

BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

3300 UNIVERSITY DRIVE, SUITE 001 1951 NW 19TH STREET CORAL SPRINGS, FL 33065 SUITE 200

BOCA RATON, FL 33431

FEI Number: 65-0985970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIFIORE, CORA
3300 UNIVERSITY DR
CORAL SPRINGS, FL 33065 US
DIFIORE, CORA
1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431 US

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: 05/03/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 FALCONE, ARTHUR
 Name:
 FALCONE, ARTHUR

 Address:
 3300 UNIVERSITY DR.
 Address:
 1951 NW 19TH STREET

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 BOCA RATON, FL 33431

 Name:
 FALCONE, EDWARD
 Name:
 FALCONE, EDWARD

 Address:
 3300 UNIVERSITY DR.
 Address:
 1951 NW 19TH STREET

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR FALCONE D 05/03/2005