

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000122339

1. Entity Name
TALBOT PROPERTIES INC.



Principal Place of Business

**C/O LOEB, BLOCK & PARTNERS LLP
505 PARK AVE, 9TH FL
NEW YORK, NY 10022**

Mailing Address

**C/O LOEB, BLOCK & PARTNERS LLP
505 PARK AVE, 9TH FL
NEW YORK, NY 10022**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2024712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000554547
05/15/06-80096-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIEZ, JOSE M
STREET ADDRESS	2127 BRICKELL AVENUE, UNIT #2705
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	SD
NAME	DIEZ, SUSAN S
STREET ADDRESS	2127 BRICKELL AVENUE, UNIT #2705
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	AS
NAME	BLOCK, CHARLES J
STREET ADDRESS	505 PARK AVENUE 9TH FL
CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Block

Assistant Secretary

4/19/06

Date

212-755-5510

Daytime Phone #