

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90234 013 \*\*\*150.00

**DOCUMENT # P02962**

1. Entity Name

**SB PARTNERS REAL ESTATE CORPORATION**



Principal Place of Business

**1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020  
US**

Mailing Address

**1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

**13-2636431**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON FL 33331**

Name

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

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **STREICKER, JOHN H.**  
STREET ADDRESS **1251 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VS** ☐ Delete  
NAME **KENNY, MICHAEL**  
STREET ADDRESS **1251 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **CASSIDY, MILLIE C.**  
STREET ADDRESS **1251 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **WEINER, DAVID**  
STREET ADDRESS **1251 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☒ Delete  
NAME **GUTTENBERG, ELLYN**  
STREET ADDRESS **1251 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **TIETJEN, GEORGE**  
STREET ADDRESS **1251 AVE. OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY 10020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Michael J. Kenny* **Michael J. Kenny** 4/26/06

Date

Daytime Phone #