2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000065939

1. Entity Name

LAMBETH PROPERTIES INC.



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

Principal Place of Business

505 PARK AVE NEW YORK, NY 10022 Mailing Address

LOEB, BLOCK & PARTNERS LLP 505 PARK AVE - 9TH FLOOR NEW YORK, NY 10022



DO NOT WRITE IN THIS SPACE

03312006 No Chg-P

CR2E034 (11/05)

4. FEI Number 52-2445030

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSE, FL 32301

DO NOT WRITE IN THIS SPACE

| | a named entity submits this statement for the p tions of registered agent. | urpose of changing its registered of | ice or registered agent, or | both, in the State of Florida. I am familiar wi | th, and accept |
|---------------------------------------|---|--|-------------------------------------|---|----------------|
| SIGNATURE. | | | - <u>-</u> | | |
| | Signature, typed or printed name of registered agent and little it | # spplicable. (NOTE Registered Agen | signature required when reinstating | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be | U00000554562 05/15/06-80096-021 | 150.80 |
| 10. OFFICERS AND DIRECTORS | | TORS | | | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ESSES, MOISES C 505 PARK AVENUE, 9TH FL. NEW YORK, NY 10022 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ESSES, ROBERTO C 505 PARK AVENUE, 9TH FL., NEW YORK, NY 10022 | | | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | DV ESSES, SIMON C 505 PARK AVENUE , 9TH FL., NEW YORK, NY 10022 | | DO | O NOT WRITE | |
| TITLE NAME | AS SELZER, HERBERT M | | 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:

STREET ADDRESS

STREET ADDRESS City-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

505 PARK AVENUE , 9TH FL., NEW YORK, NY 10022

Herbert M. Selzer,
UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

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