


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P04000065939**

1. Entity Name  
**LAMBETH PROPERTIES INC.**



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  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

00000554562  
 05/15/06-80096-021 150.00

10. OFFICERS AND DIRECTORS

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 CITY - ST - ZIP	DV ESSES, SIMON C 505 PARK AVENUE, 9TH FL., NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SELZER, HERBERT M 505 PARK AVENUE, 9TH FL., NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Herbert M. Selzer Date: 4/19/06 Daytime Phone #: 212-755-5510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR