


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35957</b> 1. Entity Name M.D. SASS REALTY CORP.		
Principal Place of Business REAL ESTATE CAPITAL PARTNERS, L.P. 114 WEST 47TH STREET, 23RD FLOOR NEW YORK, NY 10036 US	Mailing Address REAL ESTATE CAPITAL PARTNERS, L.P. 114 WEST 47TH STREET, 23RD FLOOR NEW YORK, NY 10036 US	



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3637715

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KINNEY, ROBERT L. 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEWER, KARIN E. 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGEE, ROBERT J 114 W 47TH STREET 23RD FLR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOOCY, PAUL J 114 W 47TH STREET 23RD FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000745184  
05/16/07-80018-013 150.00

**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

4/16/07 214-843-6122  
Date Daytime Phone #