
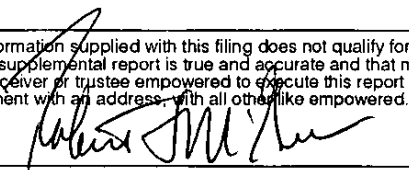


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90342 043 ***150.00

DOCUMENT # P37876 1. Entity Name M.D. SASS REALTY CORP. II					
Principal Place of Business % REAL ESTATE CAPITAL PARTNERS 1185 AVE OF THE AMERICAS NEW YORK NY 10036 US			Mailing Address % REAL ESTATE CAPITAL PARTNERS 1185 AVE OF THE AMERICAS NEW YORK NY 10036 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="text-align: right; float: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C SASS, MARTIN D. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1185 AVE OF THE AMERICAS		NAME		
STREET ADDRESS	NEW YORK NY		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP KINNEY, ROBERT L. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1185 AVE OF THE AMERICAS		NAME		
STREET ADDRESS	NEW YORK NY		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV SHEWER, KARIN E. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1185 AVE OF THE AMERICAS		NAME		
STREET ADDRESS	NEW YORK NY		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DV LAMLE, HUGH R. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1185 AVE OF THE AMERICAS		NAME		
STREET ADDRESS	NEW YORK NY		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S MCGEE, ROBERT J. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1185 AVE OF THE AMERICAS		NAME		
STREET ADDRESS	NEW YORK NY		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 4/22/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		