


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000062812
 1. Entity Name
CRILLON PROPERTIES INC.



Principal Place of Business Mailing Address
CORPORATION SERVICE COMPANY **LOEB BLOCK & PARTNERS LLP**
1201 HAYS STREET **505 PARK AVENUE STE 900**
TALLAHASSEE, FL 32301 **NEW YORK, NY 10022**



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
13-3975207 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	BERKE, HOWARD
STREET ADDRESS	505 PARK AVE 9TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	DP
NAME	SELZER, HERBERT M
STREET ADDRESS	505 PARK AVE 9TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/16/06-80023-024 150.00

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**, 4/19/2006 212-755-5510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #