2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State		
1. Entity Near	MENT # P970006669 THE PROPERTIES INC.	9				·
Principal Place of Business CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 Mailing Address C/O LOEB, BLOCK & PARTNER: 505 PARK AVENUE, 9TH FLOO NEW YORK, NY 10022			S R			
E	OO NOT WRITE II	CE	O3312006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied Far 13-3975205 Not Applied ble 5. Certificate of Status Desired \$8.75 Applied See Required			
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					NOT WR	
The above named entity submits this statement for the purpose of changing its registered affice 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 fifte 1 applicable (NOTE: Registered Agent algorithms required when retinations) DATE						
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees		
10. THEE MAARC STRELL AUGRESS GITY-ST-ZIP FIDLE MAME STREEL ADDRESS GITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE MAME STREET ADDRESS CITY-ST-ZIP THEE MAME STREET ADDRESS GITY-ST-ZIP THEE MAME STREET ADDRESS GITY-ST-ZIP THEE MAME STREET ADDRESS	OFFICERS AND DIRECT DP SELZER, HERBERT M 505 PARK AVE 9TH FLOOR NEW YORK, NY 10022 DS BERKE, HOWARD 505 PARK AVE 9TH FLOOR NEW YORK, NY 10022	CTORS			UDDOODS OS/18/06-8 NOT WR THIS SPA	
STREET ADDRESS CITY-ST-ZIP			I			

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated an this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; 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:

HILE NAME STREET AOURESS COTY-ST-ZIP

Herbert M. Selzer

4]19/06

212-755-5510