## -2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

212-668 0101

| 1. Entity Narr   | MENT # F0200000320<br>REALTY, INC.                |              |          |  | ·  |
|--|---|--------------|----------|--|--|
| Principal Place of Business Mailing Address 60 BROAD STREET, 3503 50 BROAD STREET, 3503 NEW YORK, NY 10004 US NEW YORK, NY 10004 US  |   |              |          | E VARIETURE ELLE MONTEN FORTE MONTES MONTES AND AND AND  | . Gáil: Ablad 11112 1721) Bail Bail Bail 11 3720)  |
|  |   |              |          |  |  |
| DO NOT WRITE IN THIS SPACE   |   |              |          | 04272005 No Chg-P  4. FEI Number 11-3297886  5. Certificate of Status Desired  | CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required  |
|  | 6. Name and Address of Current Regi               | stered Agent | <u> </u> | <del>1 </del>  | 7 CO ( (CQ ) |
| F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202  DO NOT WR IN THIS SPA   |   |              |          |  |  |
| 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  |   |              |          |  |  |
| Signifure, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent stantum required when retirement).   |   |              |          |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution  Added to Fees  |   |              |          |  |  |
| 10.  | OFFICERS AND DIRE                                 | CTORS        | 1        | रिक्ति साथ किर्माङ्गारा सहस्   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | CP<br>ECKSTEIN, JUDY<br>60 BROAD STREET, STE 3503 |              |          |  |  |
| TITLE NAME STREET ADDRESS  | NEW YORK, NY 10004                                |              | 16<br>19 | 000000<br>05/02/05-1   | 351612<br>80154-006 150.00   |
| CITY-ST-ZIP  |   |              |          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS  | -   | •            |          | 100 AND 10 AND 1 | January Const.   |
| CITY-ST-ZIP  |   | <del> </del> | <b>.</b> | DO NOT W   | HIL  |
| TITLE<br>NAME<br>STREET ADDRESS  |   | `.           | <u>-</u> | IN THIS SP   | ACE  |
| CITY-ST-ZIP  |   | <del></del>  | }        | _  |  |
| NAME<br>STREET ADDRESS   |   |              | }        | , <u>-</u>   |  |
| GITY-ST-ZIP  |   |              | ]        |  | {  |
| TITLE<br>NAME<br>STREET ADORESS  |   | •            |          |  |  |
| CITY-ST-ZIP  | (   |              | <u> </u> |  |  |
| 12. I hereby certify that the information supplied with this filling 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. |   |              |          |  |  |