
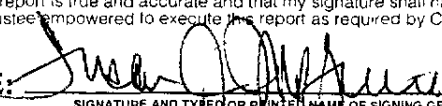


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33182</b> 1. Entity Name JMP NEW YORK, LTD.			
Principal Place of Business 2828 CORAL WAY, PENTHOUSE MIAMI, FL 33145		Mailing Address 2828 CORAL WAY, PENTHOUSE MIAMI, FL 33145	
2. Principal Place of Business c/o The Related Companies, L.P. 625 Madison Avenue Suite, Apt. #, etc.		3. Mailing Address c/o The Related Companies 625 Madison Avenue Suite, Apt. #, etc.	
Attn: Legal Department City & State New York, New York		Attn: Legal Department City & State New York, New York	
Zip 10022		Country 10022	
4. FEI Number 65-0369846		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record \$100.00		10. Amount of Capital Contributions in FLORIDA to date	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F03000002182 UNRELATED CORP. 625 MADISON AVENUE NEW YORK, NY 10022	STREET ADDRESS CITY - ST - ZIP	U000000136149 04/29/04-80006-021 141.25
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: 		BY: SUSAN MCGUIRE SECRETARY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date: 4/9/04 Daytime Phone #: 212 4215332	

STAPLE CHECK HERE