


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR -6 PM 4: 33

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

DOCUMENT # A33182  
 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, LP*  
 Suite, Apt. #, etc.  
*60 Columbus Circle*  
 City & State  
*New York, NY*  
 Zip  
*10023* Country

3. Mailing Address  
*C/O The Related Companies*  
 Suite, Apt. #, etc.  
*60 Columbus Circle*  
 City & State  
*New York, NY*  
 Zip  
*10023* Country

02142005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0369846 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable

9. Capital Contributions as Shown on record \$100.00  
 10. Amount of Capital Contributions in FLORIDA to date

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F03000002182  
 NAME UNRELATED CORP.  
 STREET ADDRESS 625 MADISON AVENUE  
 CITY-ST-ZIP NEW YORK, NY 10022

STREET ADDRESS *C/O The Related Companies, LP*  
 CITY-ST-ZIP *60 Columbus Circle, New York, NY 10023*

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STREET ADDRESS  
 CITY-ST-ZIP

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: *Ea. [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAR 24 2005  
 Date Daytime Phone #

STAPLE CHECK HERE