2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A94000000279

1. Entity Name
RELATED/ADVANCE CAPITAL, LTD.

FILED

2007 APR 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O THE RELATED COMPANIES, L.P. 60 COLUMBUS CIRCLE NEW YORK, NY 10023	C/O THE RELATED COMPANIES, L.P. 60 COLUMBUS CIRCLE NEW YORK, NY 10023

01182007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0549379

☐ 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

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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

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

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

DOCUMENT #	M03000003760
NAME	RAP FL, LLC
STREET ADDRESS	60 COLUMBUS CIRCLE
CITY-ST-ZIP	NEW YORK, NY 10023
DOCUMENT #	P93000064217
NAME	GMN AFFORDABLE HOUSING PARTNER XIII, INC
STREET ADDRESS	300 N.W. 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33128
DOCUMENT #	P94000017080
NAME	SOLUTIONS-ROYAL, INC.
STREET ADDRESS	1108 KANE CONCOURSE, STE. 307
CITY-ST-ZIP	MIAMI, FL 33154
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STAPLE CHECK HERE

14. 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 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: Mark C. Gerbosi By: RAP FL, LLC 4/20/07 212-421-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

By: MARK E. GERBOSI, AUTHORIZED PERSON