

FILED

1062

03 APR 30 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B9500000193			
1. Entity Name RELATED INDEPENDENCE ASSOCIATES III, LIMITED PARTNERSHIP			
Principal Place of Business C/O THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022		Mailing Address C/O THE RELATED COS. LP//ATTN: L. BENJAMIN 625 MADISON AVENUE NEW YORK, NY 10022	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-3750683		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, signed by person named as registered agent, and this if applicable.			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	F95000002142	STREET ADDRESS	
NAME	RELATED INDEPENDENCE ASSOCIATES III, INC.	CITY - ST - ZIP	
STREET ADDRESS	625 MADISON AVE.		
CITY - ST - ZIP	NEW YORK, NY 10022		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: <i>John Wickman</i>		7-28-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

0320003 (10/02)

200017636392



CORPORATION SERVICE COMPANY™

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03 APR 30 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

Patricia Pigot

COST LIMIT : \$ 141.25

ORDER DATE : April 30, 2003

ORDER TIME : 3:09 PM

ORDER NO. : 075874-040

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

RECEIVED
03 APR 30 PM 3:42
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: RELATED INDEPENDENCE
ASSOCIATES III, LIMITED
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: _____