

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 30 PM 5: 07

1. Name of Limited Partnership

1a. DOCUMENT #  
**B97000000344**

**RELATED CITYPLACE ASSOCIATES, L.P.**



Mailing Address

625 MADISON AVENUE  
NEW YORK NY 10022

Principal Office Address

625 MADISON AVENUE  
NEW YORK NY 10022

3. Date Formed or Registered

07/10/1997

5a. Capital Contributions as  
Shown on record.

\$99.00

3a. Date of Last Report

09/29/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

13-3454536  
**APPLIED FOR**

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

RELATED CITYPLACE, L.L.C.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

625 MADISON AVENUE

11b. City, State & Zip Code

NEW YORK NY 10022

11c. Registration/  
Document Number

M97000000408

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-04/01/99--01112--003  
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*mk*  
*3/30/99*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE *sm. Susan McGuire*

DATE

*3/3/99*

Typed or Printed Name of General Partner Signing Form

*Susan McGuire, Sec*

Daytime Telephone Number

*(212) 421-5333*

CR2E003 (12/98)