

2002 UNIFORM BUSINESS REPORT (UBR)

0002490 AB

DOCUMENT # B97000000344

1. Entity Name

RELATED CITYPLACE ASSOCIATES, L.P.

FILED

02 SEP 16 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

Mailing Address

C/O THE RELATED COS. L.P./ATN: L. BENJAMIN
625 MADISON AVENUE
NEW YORK NY 10022

C/O THE RELATED COS. L.P./ATN: 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 **13-3954536**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY SEPTEMBER 25, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$99.00

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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 # **M97000000408**
NAME **RELATED CITYPLACE, L.L.C.**
STREET ADDRESS **625 MADISON AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/12/02 (212)421 5333

Date

Daytime Phone #

CR2E003 (4/02)