


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000344
 1. Entity Name
 RELATED CITYPLACE ASSOCIATES, L.P.



Principal Place of Business
 C/O THE RELATED COS. L.P./ATN: L. BENJAMIN
 625 MADISON AVENUE
 NEW YORK, NY 10022

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



2. Principal Place of Business
 Suite, Apt. #, etc
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc
 City & State
 Zip Country

01232004 Chg-LP CR2E003 (10/03)

4. FEI Number
 13-3954536 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 title if applicable

9. Capital Contributions as Shown on record \$99.00
 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 #	M97000000408	STREET ADDRESS	
NAME	RELATED CITYPLACE, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	625 MADISON AVENUE		
CITY-ST-ZIP	NEW YORK, NY 10022		1100000135274
DOCUMENT #		STREET ADDRESS	04/29/04-20005-001 141.25
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STAPLE CHECK HERE

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: *Susan J. McGuire* Susan J. McGuire, Sec. 4/9/04 212-4215332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #