


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED**  
**Apr 22, 2008 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.  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023**

Mailing Address  
**C/O THE RELATED COS. L.P.  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023**



**DO NOT WRITE IN THIS SPACE**

03052008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>13-3954536</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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, 2008, Fee will be \$900.00**

U00000914234  
05/08/08-80048-013 508.75

**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 #	<b>M97000000408</b>
NAME	<b>RELATED CITYPLACE, L.L.C.</b>
STREET ADDRESS	<b>C/O THE RELATED COS. L.P., 60 COLUMBUS CIR</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10023</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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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:** *[Signature]*      **3/5/08**      **212.421.5333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

*By RELATED CITYPLACE, L.L.C.*