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03 APR 30 AM 10:52  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B9700000344**

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

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 32301-2626**

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 date if applicable.

9. Capital Contributions as shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO THE DEPT OF STATE. SEE REVERSE SIDE FOR FEI 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 # NAME STREET ADDRESS CITY -ST- ZIP	<b>M97000000406 RELATED CITYPLACE, L.L.C. 625 MADISON AVENUE NEW YORK, NY 10022</b>	STREET ADDRESS CITY -ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY -ST- ZIP		STREET ADDRESS CITY -ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY -ST- ZIP		STREET ADDRESS CITY -ST- ZIP	<b>600017636426</b>
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STAPLE CHECK HERE

CR2E003 (10/02)

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 McGuire **Susan McGuire** 4/28/03  
Signature and typed or printed name of signing general partner Date Contingent Phone #

BK



CORPORATION SERVICE COMPANY™

B97000000344 (2)

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION

*Patricia Pignato*

COST LIMIT : \$ 141.25

03 APR 30 AM 10:52  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 30, 2003

ORDER TIME : 3:02 PM

ORDER NO. : 075874-035

CUSTOMER NO: 4321791

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

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

ANNUAL REPORT FILING

NAME: RELATED CITYPLACE ASSOCIATES,  
L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

*BK*