

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M00000000565 1. Entity Name RELATED TAMPA, L.L.C.					
Principal Place of Business ATTN: LESLEY BENJAMIN-THE RELATED CO. 625 MADISON AVENUE NEW YORK, NY 10022		Mailing Address ATTN: LESLEY BENJAMIN-THE RELATED CO. 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		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-525				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: center; font-size: 18pt; font-weight: bold;">600036021756</div> 05/12/04--01013--015 FL Zip Code 75	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	M <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RELATED CAPITAL COMPANY		NAME	MGem Related General II, LP	
STREET ADDRESS	625 MADISON AVENUE		STREET ADDRESS	625 Madison Ave., NY, NY 10022	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	625 Madison Ave., NY, NY 10022	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGem Alan P. Hirmes	
STREET ADDRESS			STREET ADDRESS	625 Madison Ave., NY, NY 10022	
CITY-ST-ZIP			CITY-ST-ZIP	625 Madison Ave., NY, NY 10022	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGem stuart J. Boesky	
STREET ADDRESS			STREET ADDRESS	625 Madison Ave., NY, NY 10022	
CITY-ST-ZIP			CITY-ST-ZIP	625 Madison Ave., NY, NY 10022	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGem Marc D. Schnitzer	
STREET ADDRESS			STREET ADDRESS	625 Madison Ave., NY, NY 10022	
CITY-ST-ZIP			CITY-ST-ZIP	625 Madison Ave., NY, NY 10022	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGem Denise L. Kiley	
STREET ADDRESS			STREET ADDRESS	625 Madison Ave., NY, NY 10022	
CITY-ST-ZIP			CITY-ST-ZIP	625 Madison Ave., NY, NY 10022	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Teresa Wicinski</i>		Teresa Wicinski		4/9/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				212 421 5332	

\$50.00