
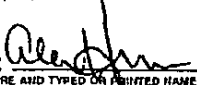


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 c/o CharterMac, 625 Madison Avenue Suite, Apt #, etc		3. Mailing Address c/o CharterMac, 625 Madison Avenue Suite, Apt #, etc
City & State New York, New York		City & State New York, New York
Zip 10021	Country USA	Zip 10021
4. FEI Number 13-4163942		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-525		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 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RELATED GENERAL II, LP 625 MADISON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIRMES, ALAN P 625 MADISON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOESKY, STUART J 625 MADISON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNITZER, MARC D 625 MADISON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILEY, DENISE L 625 MADISON AVENUE NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 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: 		Alan Hirmes, Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		July 17, 2006
		(212) 317-5700
		Daytime Phone #

FILED
2006 JUL 18 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



07062006 Chg-LLC CR2E083 (11/05)

100077685251



CORPORATION SERVICE COMPANY

M0000000565

ACCOUNT NO. : 072100000032

REFERENCE : 249322 7232404

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 50.00

2006 JUL 18 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : July 18, 2006

ORDER TIME : 3:42 PM

ORDER NO. : 249322-055

CUSTOMER NO: 7232404

BIK

ANNUAL REPORT FILING

NAME: RELATED TAMPA, L.L.C.

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 JUL 18 PM 4:11
NOT RETURNED
TO AGENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____