

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90314 008 ***150.00

DOCUMENT # P20026

1. Entity Name
RELATED ADVANTAGED RESIDENTIAL ASSOCIATES, INC.

Principal Place of Business 625 MADISON AVENUE ATTN: LEGAL NEW YORK NY 10022	Mailing Address % RELATED. 625 MADISON AVENUE 5TH FLOOR - LEGAL NEW YORK NY 10022
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3272194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input type="checkbox"/> Delete WICELINSKI, TERESA 625 MADISON AVENUE NEW YORK NY 10022	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete ROSS, STEPHEN M 625 MADISON AVENUE NEW YORK NY 10022	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVP	<input type="checkbox"/> Delete HIRMES, ALAN 625 MADISON AVE NEW YORK NY 10022	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SVP HIRMES, ALAN 625 Madison Ave NY NY 10022
TITLE SVP	<input type="checkbox"/> Delete BOESKY, STUART 625 MADISON AVENUE NEW YORK N. 10022	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P	<input type="checkbox"/> Delete BRENNER, MICHAEL 625 MADISON AVENUE NEW YORK NY 10022	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan P. Hirmes 2/9/2001 212 421-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/00)