

2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P20026

1. Entity Name
RELATED ADVANTAGED RESIDENTIAL ASSOCIATES, INC.

FILED
04 MAY -6 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3272194		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	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				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	100036081961 05/12/04--01013--015 **2288.75			
NAME	WICELINSKI, TERESA	NAME					
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ROSS, STEPHEN M	NAME					
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP					
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HIRMES, ALAN	NAME					
STREET ADDRESS	625 MADISON AVE	STREET ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP					
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BOESKY, STUART	NAME					
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS					
CITY-ST-ZIP	NEW YORK, N. 10022	CITY-ST-ZIP					
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BRENNER, MICHAEL	NAME	Alan P. Hirmes				
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS	President				
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 type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Wicelinski* TERESA WICELINSKI, SEC. 4/9/04 212 4215332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #