

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P20026
 1. Entity Name
 RELATED ADVANTAGED RESIDENTIAL ASSOCIATES, INC.



Principal Place of Business Mailing Address
 625 MADISON AVENUE % RELATED, 625 MADISON AVENUE
 ATTN: LEGAL 5TH FLOOR - LEGAL
 NEW YORK, NY 10022 NEW YORK, NY 10022



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 13-3272194 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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	WICELINSKI, TERESA
STREET ADDRESS	625 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	ROSS, STEPHEN M
STREET ADDRESS	625 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	SVP
NAME	HIRMES, ALAN
STREET ADDRESS	625 MADISON AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	SVP
NAME	BOESKY, STUART
STREET ADDRESS	625 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, N. 10022
TITLE	P
NAME	HIRMES, ALAN P
STREET ADDRESS	625 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000351506
 05/02/05-80148-005 150.00

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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: *Alan P. Hirmes* 4-29-05 212-521-6310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #