


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P28923 1. Entity Name RELATED CREDIT PROPERTIES, INC.	
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FILED
04 MAY -6 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % THE RELATED COMPANIES, L.P. 625 MADISON AVENUE/LESLEY BENJAMIN NEW YORK, NY 10022	Mailing Address % THE RELATED COMPANIES, L.P. 625 MADISON AVENUE/LESLEY BENJAMIN 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
Zip	Country

01262004 Chg-P CR2E034 (10/03)

4. FEI Number 13-3422799	<input type="checkbox"/> 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

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, 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	P BRENNER, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MADISON AVENUE	NAME	900036081989
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	05/12/04--01013--015 **2288.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S WICELINSKI, TERESA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MADISON AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T HOPPS, GLENN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MADISON AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SVP HIRMES, ALAN P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MADISON AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ROSS, STEPHEN M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MADISON AVENUE	NAME	
STREET ADDRESS	NEW YORK, NY 10022	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	EVP BOESKY, STUART J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	625 MADISON AVE.	NAME	
STREET ADDRESS	NEW YORK, NY 10022	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: *Teressa Wicelinski* TERESA WICELINSKI, SEC 4/9/04 212 4215332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #