
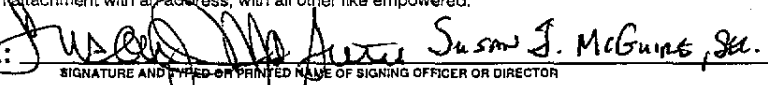


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000003892</b> 1. Entity Name <b>THE RELATED REALTY GROUP, INC.</b>					
Principal Place of Business <b>C/O RELATED COMPANIES, L.P.          625 MADISON AVENUE, ATTN LEGAL DEPT          NEW YORK, NY 10022</b>			Mailing Address <b>C/O RELATED COMPANIES, L.P.          625 MADISON AVENUE, ATTN LEGAL DEPT          NEW YORK, NY 10022</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>13-3627393</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSS, STEPHEN M	NAME	1000000118547		
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS	04/19/04-80065-002 150.00		
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP			
TITLE	DVPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRENNER, MICHAEL	NAME			
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLAU, JEFF T	NAME			
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP			
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGUIRE, SUSAN J	NAME			
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP			
TITLE	AVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABUAF, BRENDA	NAME			
STREET ADDRESS	625 MADISON AVE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANGELO, GENE	NAME			
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY 10022	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)(f), 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.					
<b>SIGNATURE:</b>  <b>Susan J. McGuinte, Sec.</b> <b>4/9/04</b> <b>212-421-5352</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					