

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # B95000000193**



1. Entity Name  
**RELATED INDEPENDENCE ASSOCIATES III, LIMITED PARTNERSHIP**

Principal Place of Business  
**C/O THE RELATED COMPANIES, L.P.  
625 MADISON AVENUE  
NEW YORK, NY 10022**

Mailing Address  
**C/O THE RELATED COS. LP//ATTN: L. BENJAMIN  
625 MADISON AVENUE  
NEW YORK, NY 10022**

**FILED**

**04 APR 20 AM 9:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**13-3750683**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F95000002142**  
NAME **RELATED INDEPENDENCE ASSOCIATES III, INC.**  
STREET ADDRESS **625 MADISON AVE.**  
CITY-ST-ZIP **NEW YORK, NY 10022**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*Teresa Wicunski* **TERESA WICUNSKI, SEC.**

**4/9/04**

**212 421 5332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE