


2004 FOR PROFIT CORPORATION - ANNUAL REPORT

5/12/04 01035 021

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG -9 AM 8:00

DOCUMENT # F93000005031 1. Entity Name RCC BONAVENTURE, INC.					
Principal Place of Business % RELATED CAPITAL COMPANY 625 MADISON AVE. NEW YORK, NY 10022			Mailing Address % RELATED CAPITAL COMPANY 625 MADISON AVE. NEW YORK, NY 10022		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-3488814	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIED, J. MICHAEL 625 MADISON AVE. NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stuart Boesky VP 625 Madison Ave., New York, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIRMES, ALAN P 625 MADISON AVE. NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WICELINSKI, TERESA 625 MADISON AVE. NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPPS, GLENN 625 MADISON AVE. NEW YORK, NY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, STEPHEN M 625 MADISON AVE. NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: <i>Teressa Wicelinski</i>			4/9/04 212 4215332		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		