

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 035 ***158.75

DOCUMENT # F93000003892 1. Entity Name THE RELATED REALTY GROUP, INC.			
Principal Place of Business C/O RELATED COMPANIES, L.P. 625 MADISON AVENUE, ATTN LEGAL DEPT NEW YORK, NY 10022		Mailing Address C/O RELATED COMPANIES, L.P. 625 MADISON AVENUE, ATTN LEGAL DEPT NEW YORK, NY 10022	
2. Principal Place of Business <i>C/O THE RELATED COMPANIES</i> Suite, Apt. #, etc. 60 Columbus Circle City & State NEW YORK, NY Zip 10023		3. Mailing Address <i>C/O THE RELATED COMPANIES</i> Suite, Apt. #, etc. 60 Columbus Circle City & State NEW YORK, NY Zip 10023	
4. FEI Number 13-3627393		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03232005 Chg-P CR2E034 (10/03)	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <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, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	D ROSS, STEPHEN M 625 MADISON AVENUE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, STEPHEN M 60 Columbus Circle NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BRENNER, MICHAEL 625 MADISON AVENUE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT Brenner, Michael 60 Columbus Circle NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAU, JEFF T 625 MADISON AVENUE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Blau, Jeff T 60 Columbus Circle NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCGUIRE, SUSAN J 625 MADISON AVENUE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS McGuire, Susan J 60 Columbus Circle NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ABUAF, BRENDA 625 MADISON AVE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Abuaf, Brenda 60 Columbus Circle NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANGELO, GENE 625 MADISON AVENUE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Angelo, Gene 60 Columbus Circle NEW YORK, NY 10023
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.			
SIGNATURE: <i>Susan J. McGuire</i>		Date: <i>3/31/05</i>	