

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

13-3750683

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

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14. 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-29-05

Date

212-521-6310

Daytime Phone #

STAPLE CHECK HERE