2005 L'MITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED

	DOCUMENT # A17694 1. Entity Name RONEY PLAZA ASSOCIATES, LTD.					2005 APR 26 PM 12: 29					
						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
	Principal Place of Business C/O THE RELATED COMPANIES/ATTN: LEGAL 625 MADISON AVE NEW YORK, NY 10022 Mailing Address C/O THE RELATED COMPANIES/ATTN: LEGAL 625 MADISON AVE NEW YORK, NY 10022				ANIES/ATTN: LEGAL		IFII 380FO BINIO IDIN GIGI I		i Birk ərrəyin əkənin ərrəyi		
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	Suite, Agt. #, etc.		Suite, Apt. #, etc.		E	03232005	Chg-LP	CR2E	CR2E003 (10/03)		
	Wan Your NY		City &, State			4. FEI Number 13-3246		-/	No	plied For t Applicable	
	1002		Zip /0023	Country			of Status Desired	X	\$8.75 Add Fee Required		
	6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		7. Name and	Address of New Re	gisterea	Agent		
				Street Address (P.O. Box Number is Not Acceptable)							
	TALLAHAS	55EE, FL 32301-2325									
				City				Fl	Zip Code	a	
	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.									and accept	
	SIGNATURE										
	Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record 523,070,000.00 10. Amount of Capital Contributions in FLORIDA to date			Contributions	DATE						
	as Shown	te.									
-					CTIVE WITH THI I to change a ge						
	12. GENERAL PARTNER INFORMATION			13.	ADDRESS CHANGES ONLY CID THE RELATES COMPANIES C. P.						
	DOCUMENT # NAME	M04123 RELATED RONEY PLAZA, INC.	STREET ADDRESS	, , -		umbus	<u></u>	•	•		
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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)(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

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS