


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 21 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A17693	
1. Entity Name RELATED RONEY PLAZA ASSOCIATES, LTD.	

Principal Place of Business C/O THE RELATED COMPANIES/ATTN: LEGAL DEPT 625 MADISON AVE. NEW YORK, NY 10022	Mailing Address C/O THE RELATED COMPANIES/ATTN: LEGAL DEPT 625 MADISON AVE. NEW YORK, NY 10022
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2. Principal Place of Business C/O THE RELATED COMPANIES LP Suite, Apt. #, etc. 60 Columbus Circle City & State New York, NY Zip 10023	3. Mailing Address C/O THE RELATED COMPANIES LP Suite, Apt. #, etc. 60 Columbus Circle City & State New York, NY Zip 10023
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03232005 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3247699	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	M04123 RELATED RONEY PLAZA, INC 2828 CORAL WAY MIAMI, FL	STREET ADDRESS CITY-ST-ZIP	C/O THE RELATED COMPANIES 60 Columbus Circle New York, NY 10023
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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

SIGNATURE: Teresa Wicelinski 3/31/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE