

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 11 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B06000000181		
1. Entity Name RELATED LIBERTY ASSOCIATES L.P.		

Principal Place of Business 60 COLUMBUS CIRCLE NEW YORK, NY 10023	Mailing Address 60 COLUMBUS CIRCLE NEW YORK, NY 10023
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182007 Chg-LP CR2E003 (12/06)

4. FEI Number	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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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 _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	A33489	STREET ADDRESS	
NAME	RELATED GENERAL I, L.P.	CITY-ST-ZIP	
STREET ADDRESS	60 COLUMBUS CIRCLE		
CITY-ST-ZIP	NEW YORK, NY 10023		
DOCUMENT #	848954	STREET ADDRESS	
NAME	THE RELATED COMPANIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	60 COLUMBUS CIRCLE		
CITY-ST-ZIP	NEW YORK, NY 10023		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/07
Date

212-421-5333
Daytime Phone #

By Susan J. McGuire, AUTHORIZED PERSON

STAPLE CHECK HERE