

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A25812**

1. Entity Name  
**CUTLER CANAL ASSOCIATES, LTD**



Principal Place of Business

**C/O THE RELATED COMPANIES, L.P.  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023**

Mailing Address

**C/O THE RELATED COMPANIES, L.P.  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023**

**FILED**

**2007 APR 30 AM 10:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

**65-0024664**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

**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**

DOCUMENT # **M03000003760**  
NAME **RAP FL, LLC**  
STREET ADDRESS **60 COLUMBUS CIRCLE**  
CITY-ST-ZIP **NEW YORK, NY 10023**

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**000101865340**  
**05/09/07--01051--002 \*\*508.75**

**DO NOT WRITE  
IN THIS SPACE**

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

**Susan J. McGinnis**

DATE

**4/10/07**

Daytime Phone #

**212.421.5333**

STAPLE CHECK HERE