


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

✓
FILED
Apr 28, 2008 08:00 AM
Secretary of State

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
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03042008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0024664	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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

U000000925222
05/20/08-80003-005 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: Susan J. McGinnis Susan J. McGinnis 3/4/08 212-421-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SECRETARY