J. MARBORN

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

**DOCUMENT # A33182** 

1. Entity Name JMP NEW YORK, LTD.



Principal Place of Business

C/O THE RELATED COMPANIES, LP 60 COLUMBUS CIRCLE NEW YORK, NY 10023 Mailing Address

C/O THE RELATED COMPANIES, LP 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 65-0369846 Applied For Not Applicable

5. Certificate of Status Desired

**2**0

\$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.

GENERAL PARTNER INFORMATION 12. F03000002182 DOCUMENT # UNRELATED CORP. NAME 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-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-71P

71 001 01 955411 95708707-01051-004\*\*\*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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PAR

ANTHONIZED PORSON

3/27/0

212.421.5333

Daylime Phone