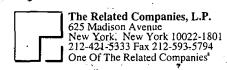
141.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERS REINSTATEN	HIP	FLO IIDA DEPAR Che Se reta DIVERNO	M. N.T. O.P. C.TA ne la di or v. ate corpo at ove	7	FIL 01 NOV -7	ли с	9: 15	
DOCUMENT # 433489					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name of Limited Partnership						י רבטאי	ID <b>A</b>	
Related General I, Limited Partner					9000046857190 -11/16/0101074010 ****423.75 ****141.25			
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered	0.1-	10 -	1
ATTN: Lesley Benjamin		ATTN: Lesley Benjamin		1	To Do Business in Florida	1/30	192	
Suite, Apt # alcolated companies p Suite, Apt #, 40 the 625 Madison over 625 Mad			Related companies, lison Avenue		<b>5.</b> FEI Number 13-3644949		Applied For Not Applicable	
		City & State			6. CERTIFICATE OF STATUS DESIRED		Additional Fee required	
New York, NY		New York, NY				101	a Certificate of Status	
Zip Country		Zip	Country		7a. Capital Contributions as shown on Record: \$100.00			
10022	USA	10022	USA .	7b. Amount of Capital Cont		outions in FLORIDA to date:		i
8. Name and Address of Current Registered Agent					\$100.00			
Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)					FEES: 1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50,			
1201 Hays Street					for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1982 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is definquent.  Note: If the amount entered in 7b is greater than amount entered in			
Suite. Apt. #, Etc.								
City Tallahassee			State Zip Code FL 32301		7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
for the purposa of chang	ging its registered office or register, and accept the obligations of sec	red agent, or both, in the State	-named limited partnership of Florida. Such change w	vas autho	ted or registered under the laws of the State orized by its general partner(s). I hereby acc aura R. Dunlap as its agent DATE	of Florida, sept the appo	ubmits this statement bintment of registered	CR2E039 (9/00)
A GENERAL I					TNERSHIP OR OTHER TH THIS OFFICE.	BUSIN	IESS ENTITY	
10. Name(s) of Ge	neral Partner(s)	Address of Each (Do NOT Use Post O	General Partner		City, State and Zip Code	10a.	Registration Document Number	
RCMP, INC.		C/O The Related N		New	Jew York, NY 10022		P40725	
		625 Madison Avenue						
2001 UB			R		BK			
Note: General p	artners MAY NOT b	e changed on this	s form; an ame	ndmo	ent must be filed to chan	ge a ge	neral partner.	
Corporations from any on this annual report i	y_liability of non-compliance with St	ection 119.07(3)(i) in the event gnature shall have the same le	that the information suppli gal effects as if made und	ied is de	on stated in Section 119.07(3)(i), Florida Statemed exempt from public access. I further it further certify that I am a General Partner of	certify that th	e information indicated	
SIGNATURE	Juden &	san J McGuire	_ ب		DATE	<u> [U] [</u>	{   V (	



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

November 6<sup>th</sup>, 2001

Department of State Division of Corporations POB 6327 Tallahassee, FL 32314

Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Sincerely vours.

Lesley Benjamin, Esq.