

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 21 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A33489

1. Entity Name
RELATED GENERAL I, L.P. (LIMITED PARTNERSHIP)

Principal Place of Business
C/O THE RELATED COS. L.P./ATN: L. BENJAMIN
625 MADISON AVENUE
NEW YORK, NY 10022

Mailing Address
C/O THE RELATED COS. L.P./ATN: L. BENJAMIN
625 MADISON AVENUE
NEW YORK, NY 10022

2. Principal Place of Business
C/O THE RELATED COMPANIES, LP
60 Columbus Circle
New York, NY
10023

3. Mailing Address
C/O THE RELATED COMPANIES, LP
60 Columbus Circle
New York, NY
10023

03232005 Chg-LP CR2E003 (10/03)

4. FEI Number
13-3644949

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	P40725	STREET ADDRESS	C/O THE RELATED COMPANIES
NAME	RCMP, INC.	CITY-ST-ZIP	60 Columbus Circle
STREET ADDRESS	625 MADISON AVENUE		New York, NY 10023
CITY-ST-ZIP	NEW YORK, NY 10022		
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. McGuire 3/31/05

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

STAPLE CHECK HERE