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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A33489

1. Entity Name

RELATED GENERAL I, L.P. (LIMITED PARTNERSHIP)



Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

C/O THE RELATED CO/ 60 COLUMBUS CIR. NEW YORK, NY 10023 C/O THE RELATED CO/ 60 COLUMBUS CIR. NEW YORK, NY 10023



03052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 13-3644949 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 DO NOT WRITE IN THIS SPACE

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5.	. 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 tamiliar with, and accept
	the obl₁gations of registered agent.	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 U00000914235 5/08/08-80048-014 508.75

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 PAHTNEH INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P40725 RCMP, INC. C/O THE RELATED CO/ 60 COLUMBUS CIR. NEW YORK, NY 10023	
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify to		

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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: a

STAPLE CHECK HERE

IGNATURE AND TYPED OR PRINTED NAME OF SONING GENERAL PARTN

3/5/50

212.421-5333

Daytime Phone #