2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A33489

- d:

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

Address

FILED 03 APR 20 AM 9: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business C/O THE RELATED COS. L.P./ATN: L. BENJAMIN 625 MADISON AVENUE NEW YORK, NY 10022		4IN C/O THE RELATED 625 MADISON AVE	Mailing Address C/O THE RELATED COS. L.P./ATN: L. BENIAMIN 625 MADISON AVENUE NEW YORK, NY 10022			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE-BY MAY 1, 2003	
City & State		City & State	City & State		4. FEI Number 13-3644949	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of C	urrent Registered Agent			7. Name and Address of New Registered	Agent
CORPORATION SERVICE COMPANY				Name		
1201 HAYS STREET TALLAHASSEE, FL 32301-2526				Street Address (P.O. Box Number is Not Acceptable)		
				City		Zip Code
					FL	Σίμ 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. It am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. DATE						
9. Capital Contributions as Shown on record. \$100.00 in FLORIDA to date				OATE OntributionS 11. MAKE CHECK PAYABLE TO FL DEFT: OF STATE SEE REVERSE SIDE FOR FEE UNFORMATION		
	A GENERAL PART NOTE: General Partne	NER THAT IS A BUSINES	S ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE on must be filed to change a general part	E.
12. GENERAL PARTNER INFORMATION			13.			
DOCUMENT / NAME	P40725 RCMP, INC.			£1 ADDRESS		60,00
STREET ADDRESS CITY-ST-ZIP	6 625 MADISON AVENUE NEW YORK, NY 10022			-51-21P		
DOCUMENT / NAME	Ref f			ET ADDRESS		
STREET ADDRESS City-St-Zip	iss			-ST-ZIP	400017644024	
DOCUMENT / NAME				ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME			STR6	ET ADDRESS		
STREET ADDRESS CITY - ST-7JP			слу	-ST-ZIP		
DOCUMENT / NAME			STREE	ET ADDRESS		
STREET ADDRESS City-St-Zip			CITY -	-ST-ZIP		
DOCUMENT # NAME		-	STRE	ET ADDRÉSS		
STREET ADDRESS CITY - ST- ZIP			CITY -	-ST-ZIP		
14. Thereby certify that the information supplied with this filling 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

STAPLE CHECK HERE

CHATURE AND TYPED OR PRINTED HANDE OF SIGNING SIGNING OF SIGNING OF SIGNING OF SIGNING OF SIGNING OF SIGNING S

SUSAN MCGUIRE

4/28/03

Date

Dayline Phone #



03 APR 30 AM 9: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ACCOUNT NO. : 07210000032

4321791

AUTHORIZATION

REFERENCE,

COST LIMIT : \$ 141.25

ORDER DATE: April 30, 2003

ORDER TIME : 3:20 PM

ORDER NO. : 075874-060

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher

The Related Companies, Inc.

9th Floor

625 Madison Avenue New York, NY 10022

ANNUAL REPORT FILING

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

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: