

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

Wen  
**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A33492**

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



Principal Place of Business  
**C/O THE RELATED CO/ 60 COLUMBUS CIR.  
NEW YORK, NY 10023**

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



**DO NOT WRITE IN THIS SPACE**

01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**13-3644950**

Applied For  
Not Applicable

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**

**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, 2006, 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	P40725
NAME	RCMP, INC.
STREET ADDRESS	C/O THE RELATED CO/ 60 COLUMBUS CIR.
CITY-ST-ZIP	NEW YORK, NY 10023

000000412900  
02/10/06-80066-013 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/06

Date

Daytime Phone #