


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A33492 1. Entity Name RELATED GENERAL II, L.P. (LIMITED PARTNERSHIP)	
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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
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03052008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3644950	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000314230

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS FORM 508.75
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
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	

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/5/08 212 421 5333
Date Daytime Phone #

STAPLE CHECK HERE