

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

Kim
FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000000265

1. Entity Name
RELATED/WINCHESTER, LTD.



Principal Place of Business
**C/O THE RELATED COMPANIES, L.P.
60 COLUMBUS CIRCLE
NEW YORK, NY 10023**

Mailing Address
**C/O THE RELATED COMPANIES, L.P.
60 COLUMBUS CIRCLE
NEW YORK, NY 10023**



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0572863

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 # **M03000003760**
NAME **RAP FL, LLC**
STREET ADDRESS **60 COLUMBUS CIRCLE**
CITY-ST-ZIP **NEW YORK, NY 10023**

DOCUMENT # **N00000001961**
NAME **JUBILEE GROUP, INC.**
STREET ADDRESS **1800 S.W. 1ST STREET #206**
CITY-ST-ZIP **MIAMI, FL 33135**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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**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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

BT: Mark E. Carbone, Authorized Person

STAPLE CHECK HERE