

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

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

|                                                                              |                                                                                   |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A94000000265</b><br>1. Entity Name<br>RELATED/WINCHESTER, LTD. |  |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                            |                                                                                                |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O THE RELATED COMPANIES, L.P.<br>60 COLUMBUS CIRCLE<br>NEW YORK, NY 10023 | Mailing Address<br>C/O THE RELATED COMPANIES, L.P.<br>60 COLUMBUS CIRCLE<br>NEW YORK, NY 10023 |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|



03052008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>65-0572863                                          | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 \_\_\_\_\_ 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**

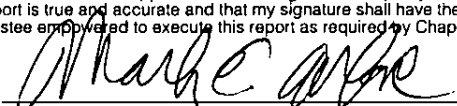
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05/08/08-80041-014 500.00

**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 #                      |                           |
| 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

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

STAPLE CHECK HERE

By: RAP FL, LLC