




2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 29 PM 3:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # B03000000340				FILED	
1. Entity Name RELATED CORPORATE V SLP, L.P.				2004 APR 29 PM 3:55	
Principal Place of Business 625 MADISON AVENUE NEW YORK, NY 10022		Mailing Address 625 MADISON AVENUE NEW YORK, NY 10022		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input 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				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$20.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		13. ADDRESS CHANGES ONLY			
DOCUMENT #	M03000003403	STREET ADDRESS			
NAME	RCC ASSET MANAGERSV, LLC	CITY- ST- ZIP			
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS			
CITY- ST- ZIP	NEW YORK, NY 10022	CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS			
NAME		CITY- ST- ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
14. I hereby certify that the information supplied with this filing 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: 		TERESA WICELINSKI 4/2/04 212 421 5332			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	