

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 29 PM 3:55

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



03122004 Chg-LP CR2E03 (10/03)

DOCUMENT # B03000000340					
1. Entity Name RELATED CORPORATE V SLP, L.P.					
Principal Place of Business 625 MADISON AVENUE NEW YORK, NY 10022			Mailing Address 625 MADISON AVENUE NEW YORK, NY 10022		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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				
CITY-ST-ZIP	NEW YORK, NY 10022				
DOCUMENT #			STREET ADDRESS	U00000136158	
NAME			CITY-ST-ZIP	04/29/04 80006 023 141.25	
STREET ADDRESS				04/29/04 80006 023	
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
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: <i>Teresa Wiceinski</i>		TERESA WICEINSKI		4/9/04 212.421.5352	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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