2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # B04000000535



FILED

2005 MAY -6 PM 12: 15

CUTLER VISTA PRESERVATION, L.P.								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address													
2711 CENTERVILLE ROAD SUITE 400 2711 CENTERVILLE ROAD WILMINGTON, DE 19808 WILMINGTON, DE 19808						E 400							
2. Principal Place of Business Companies 200 The Related Companies 200 The Related							upan.	سالا					
60 Columbus Lircle 60				Suite, Apt. Columbus (rle	04152005 Chg-LP CR2E003 (10/03)					
City & Stat	City & State ONC NY			Div & State N. N.				4. FEI Number			-	Applied For Not Applicable	
lors	3	Country	(0°023)	Count	ıry		5. Certificate of	cate of Status Desired			Additional juired	
	6. Name	and Address of Curr	ent Registered Age	nt				7. Name and A	ddress of New R	egistered	l Agent		
CORPORATION SERVICE COMPANY							Name						
1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)							
TALLAHAS	SEE, FL	32301-2525											
· •						City				F	Zip 0	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 acceptable of registered agent.												vith, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable										DATE			
9. Capital Contributions as Shown on record. \$3,630,700.00 In FLORIDA to date.							ons						
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 CHA				
DOCUMENT # M0400004267 NAME CUTLER VISTA PRESERVATION, LLC						reet address Clo The Related Companies, LP TY-51-21P CO Columbus Circle, New York N						ı P	
STREET ADDRESS 625 MADISON AVENUE						-S1-ZIP	(A)		1	<u> </u>	ues,	<u> </u>	
CITY-ST-7/P NEW YORK, NY 10022						-31-217	<i>ω</i> (oumbi	s circle	, Ne	m /lox	K NY LOUS	
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14. Thereby 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

CITY-ST-ZIP

CITY-\$T-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-SI €IP

NAME STREET APDRESS

Daytimo Phone #