

# 2000 UNIFORM BUSINESS REPORT (UBR)

1002370 AF

**DOCUMENT # B93000000347**  
 1. Entity Name  
**THE RELATED COMPANIES, LIMITED PARTNERSHIP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 AUG 28 PM 5: 29

Principal Place of Business      Mailing Address  
 625 MADISON AVENUE      625 MADISON AVENUE  
 NEW YORK NY 10022      NEW YORK NY 10022



2. Principal Place of Business      3. Mailing Address  
 Attn: Legal Dept.      Attn: Legal  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 625 Madison Ave      625 Madison Ave  
 City & State      City & State  
 NY NY      NY NY  
 Zip      Zip      Country      Country  
 10022      10022      USA      USA

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
 13-3676645      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.      \$1.00      10. Amount of Capital Contributions in FLORIDA to date.  
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	F93000003892
NAME	THE RELATED REALTY GROUP, INC.
STREET ADDRESS	625 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY 10022
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	900003384339--3 -09/06/00--01106--017 ****141.25 ****141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Michael J. Brown      **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 8/21/2000      Daytime Phone #: 212 421-

CP2E003 (5/00)