


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B93000000347**

1. Entity Name  
**THE RELATED COMPANIES, LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**C/O THE RELATED COS. LP/ATN: L. BENJAMIN**      **C/O THE RELATED COS. LP/ATN: L. BENJAMIN**  
**625 MADISON AVENUE**      **625 MADISON AVENUE**  
**NEW YORK, NY 10022**      **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



01232004      Chg-LP      CR2E003 (10/03)

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.      \$1.00      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 #	F93000003892	STREET ADDRESS	
NAME	THE RELATED REALTY GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	625 MADISON AVENUE		
CITY-ST-ZIP	NEW YORK, NY 10022		U00000136153
DOCUMENT #		STREET ADDRESS	04/29/04-80006-022 141.25
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Susan McGuire      **Susan McGuire, Sec.**      4/9/04      212-421-5832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #