

10

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED 03 APR 30 AM 10:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # B93000000347

1. Entity Name
THE RELATED COMPANIES, LIMITED PARTNERSHIP

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

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
13-3676645

Applied For
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 _____

9. Capital Contributions as Shown on record. \$1.00

10. Amount of Capital Contributions in FLORIDA to date.

MAKE CHECK PAYABLE TO THE DEPT. OF STATE SEE REVERSE SIDE FOR MORE 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		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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY -ST -ZIP	400017635864
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NAME		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 520, Florida Statutes.

SIGNATURE: *Susan McInure* 4-28-03

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



CR2E003 (10/02)

STAPLE CHECK HERE



CORPORATION SERVICE COMPANY

B93000000347

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ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION

Patricia Pignato

COST LIMIT : \$ 141.25

FILED
03 APR 30 AM 10:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : April 30, 2003

ORDER TIME : 2:53 PM

ORDER NO. : 075874-030

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

RECEIVED
03 APR 30 PM 3:43
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: THE RELATED COMPANIES,
LIMITED PARTNERSHIP

XX ANNUAL REPORT

B/R

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: _____