


2605 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # B95000000191		
1. Entity Name RELATED INDEPENDENCE ASSOCIATES, LIMITED PARTNERSHIP		

Principal Place of Business C/O THE RELATED COMPANIES, L.P./LEGAL DEP. 625 MADISON AVENUE NEW YORK, NY 10022	Mailing Address C/O THE RELATED COMPANIES, L.P./LEGAL DEP. 625 MADISON AVENUE NEW YORK, NY 10022
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202005 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3589919		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	M04000001488	STREET ADDRESS
NAME	INDEPENDENCE ASSOCIATES GP, LLC	CITY-ST-ZIP
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
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CITY-ST-ZIP		CITY-ST-ZIP
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John Williams* **4-29-05** **212-521-6310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #