


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90078 023 ***150.00

DOCUMENT # F07000006031	
1. Entity Name RECAP STRAND INVESTORS GP, INC	

Principal Place of Business 114 WEST 47TH STREET 23RD FLOOR NEW YORK, NY 10036	Mailing Address 114 WEST 47TH STREET 23RD FLOOR NEW YORK, NY 10036
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2. Principal Place of Business - No P.O. Box # <i>Real Estate Capital Partners L.P.</i> Suite, Apt. #, etc. <i>114 W. 47th St. 23rd Fl.</i> City & State <i>New York NY</i> Zip <i>10036</i>	3. Mailing Address <i>Real Estate Capital Partners L.P.</i> Suite, Apt. #, etc. <i>114 W. 47th St. 23rd Fl.</i> City & State <i>New York NY</i> Zip <i>10036</i>
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03272008	Chg-P CR2E034 (12/06)
4. FEI Number 26-1458099	Applied For 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
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SHEWER, KARIN 114 WEST 47TH STREET 23RD FLOOR NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP DOOCY, PAUL J 114 WEST 47TH STREET 23RD FLOOR NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCGEE, ROBERT J 114 WEST 47TH STREET 23RD FLOOR NEW YORK, NY 10036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.	
SIGNATURE: 	4/28/08 212-655-4393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #