


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F93000001330</b> 1. Entity Name LIBERTY GP III INC.		
Principal Place of Business C/O THE RELATED COMPANIES 625 MADISON AVE, 9TH FLOOR NEW YORK, NY 10022 US		Mailing Address C/O THE RELATED CO./ LEGAL DEPT 625 MADISON AVE 5TH NEW YORK, NY 10022 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP CARBONE, MARK 625 MADISON AVE NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KILEY, DENISE 625 MADISON AVE NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNITZER, MARC 625 MADISON AVE NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPPS, GLENN 625 MADISON AVENUE NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CEZINSKI, TERESA W 625 MADISON AVENUE NEW YORK, NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 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 like empowered.		
SIGNATURE: <i>Jan W. Dickma</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-29-05 Daytime Phone #: 212-541-6310



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3494846	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

U00000351503  
05/02/05-80148-005 150.00