

2004 FOR PROFIT CORPORATION - ANNUAL REPORT

5/12/04 01035 021

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -9 AM 8:00



DOCUMENT # F93000005031				1. Entity Name RCC BONAVENTURE, INC.	
Principal Place of Business % RELATED CAPITAL COMPANY 625 MADISON AVE. NEW YORK, NY 10022			Mailing Address % RELATED CAPITAL COMPANY 625 MADISON AVE. NEW YORK, NY 10022		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3488814	
Zip		Country		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			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 _____ <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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Stuart Boesky	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIED, J. MICHAEL		NAME	VP	
STREET ADDRESS	625 MADISON AVE.		STREET ADDRESS	625 Madison Ave., New York, NY	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP	10022	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRMES, ALAN P		NAME		
STREET ADDRESS	625 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICELINSKI, TERESA		NAME		
STREET ADDRESS	625 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPS, GLENN		NAME		
STREET ADDRESS	625 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, STEPHEN M		NAME		
STREET ADDRESS	625 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Teresa Wicelinski</i>			Date: 4/9/04		Daytime Phone #: 212 4215332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

MRS