

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002142

FILED
Jul 19, 2006
Secretary of State

Entity Name: RELATED INDEPENDENCE ASSOCIATES III INC.

Current Principal Place of Business:

C/O THE RELATED COMPANIES LP
625 MADISON AVENUE
NEW YORK, NY 10022 US

New Principal Place of Business:

C/O CHARTERMACE
625 MADISON AVENUE
NEW YORK, NY 10022 US

Current Mailing Address:

C/O THE RELATED COMPANIES -LESLEY BENJAMIN
625 MADISON AVE
NEW YORK, NY 10022 US

New Mailing Address:

C/O CHARTERMACE
625 MADISON AVE
NEW YORK, NY 10022 US

FEI Number: 13-3751285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: BOESKY, STUART
Address: 625 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: AVP () Delete
Name: BONDONARO, ROBERT
Address: 625 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: SVP () Delete
Name: HIRMES, ALAN P
Address: 625 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: P () Delete
Name: HIRMES, ALAN P
Address: 625 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

Title: VP () Delete
Name: SCHNITZER, MARC
Address: 625 MADISON AVE
City-St-Zip: NEW YORK, NY 10022 US

Title: VP () Delete
Name: KILEY, DENISE
Address: 625 MADISON AVE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN P. HIRMES

SVP

07/19/2006

Electronic Signature of Signing Officer or Director

Date