FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006642

1. Corporation Name

RECIXV, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90228 006 ***150.00



Principal Place	of Business	Mailing Address								
% REAL ESTATE CAPITAL PARTNERS LP 1185 AVENUE OF THE AMERICAS 18TH FLOOR NEW YORK NY 10036-2601		% REAL ESTATE CAPITAL PARTNERS LP 1185 AVENUE OF THE AMERICAS 18TH FLOOR NEW YORK NY 10036-2601								
					DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				i l
						12/16/1997				
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For	
⊢ ¬ '	lace of business	— ·				13-3961226		<u> </u>	Applicable	
Suite, Apt.	# 010	Suite, Apt. #, etc.				10 030 1220		\$8.75 A		į
22	#, G (C.	27				5. Certifcate of Status Desir	ed 🗆	Fee Re		
City & State	A	City & State				6. Election Campaign Finar	cina _	\$5.00	May Be	
23	~	28				Trust Fund Contribution		Added to	· ·	1
Zip	Country	Zip	Cou	untry		8. This corporation owes the	current year Inta	angible		,
24	25	29	30			Personal Property Tax.			□No _	1 :
	9. Name and Address of Curren	t Registered Agent		T		10. Name and Address of I	lew Registered	Agent		!!
				81	Name					
	PORATION SERVICE COMPANY			82	Street Addre	ess (P.O. Box Number is Not A	centable)			1
1201 HAYS STREET					Ou bot moore					}
Tall	AHASSEE FL 32301-2525			83			_			
				84	Cit	<u></u>		85 Zip C	ode.	
ļ				04	City		FL	185 Zip C	000	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bove	named corpo	oration submits this statement for	r the purpose of	changing its	registered	
) office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	authorized	αογτι	he corporatio	in's board of directors. I hereby	accept the appoir	iuneni as reg	istered	'
_										
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registared	d Agent	signature required	when reinstating)	DATE			6
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES T	O OFFICERS AN			19
TITLE	PD	☐ DELETE	1.1 TI	ITLE	Ī			Change	Addition	CR2E034 (11/98)
NAME	KINNEY, ROBERT L		1,2 N	AME						8
STREET ADDRESS	TREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR			TREET	ADDRESS					Ĭ
CITY-ST-ZIP	NEW YORK NY 10036-2601									※
TITLE	V		1.4 C	ITY-ST-	ZIP	-				I ~
NAME	•	☐ DELETE	1.4 Cl 2.1 Tl		-ZIP			☐ Change	Addition Addition	
	SHEWER, KARIN E	☐ DELETE	_	ITLE	-ZIP	V116 0.0	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
STREET ADDRESS	SHEWER, KARIN E 1185 AVENUE OF THE AMERIC	-	2.1 TI 2.2 N	ITLE IAME	ADDRESS	WA18-0-10-0-	•	☐ Change		
STREET ADDRESS		-	2.1 TI 2.2 No 2.3 S	ITLE IAME	ADDRESS			<u> </u>		
	1185 AVENUE OF THE AMERIC	-	2.1 TI 2.2 No 2.3 S	ITLE IAME TREET /	ADDRESS		,	☐ Change	Addition	-
CITY-ST-ZIP	1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601	CAS 18TH FLOOR	2.1 TI 2.2 N 2.3 S 2.4 C	ITLE AME TREET A CITY-ST	ADDRESS		,	<u> </u>		
CITY-ST-ZIP TITLE	1185 AVENUE OF THE AMERIC _NEW_YORK_NY_10036:2601 DV	CAS 18TH FLOOR	2.1 TI 2.2 N 2.3 S 	ITLE AME TREET A CITY-ST TTLE AME	ADDRESS		,	<u> </u>		-
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1185 AVENUE OF THE AMERIC NEW_YORK.NY_10036-2601 DV LAMLE, HUGH R	CAS 18TH FLOOR	2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	ITLE AME TREET A CITY-ST TTLE AME	ADDRESS ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	1185 AVENUE OF THE AMERIC NEW_YORK.NY_10036:2601 DV LAMLE, HUGH R 1185 AVENUE OF THE AMERIC	CAS 18TH FLOOR	2.1 TI 22 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	ITLE AME TREET / TTLE AME TREET / CITY-ST	ADDRESS ADDRESS			<u> </u>		
CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 DV LAMLE, HUGH R 1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 V	CAS 18TH FLOOR DELETE CAS 18TH FLOOR	2.1 TI 22 N. 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	ITLE AME TREET / TTLE AME TREET / CITY-ST	ADDRESS ADDRESS			☐ Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 DV LAMLE, HUGH R 1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 V WINTER, MARTIN E 1185 AVENUE OF THE AMERIC	CAS 18TH FLOOR DELETE CAS 18TH FLOOR	21 TT 22 N 23 S 24 C 31 TT 32 N 33 S 34 C 41 TT 4.2 N 4.3 S	ITLE IAME ITREET / CITY-ST ITLE IAME ITREET / CITY-ST ITLE VAME	ADDRESS ADDRESS ADDRESS ADDRESS		,	☐ Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 DV LAMLE, HUGH R 1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 V WINTER, MARTIN E 1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 S STONE, FRED M 1185 AVENUE OF THE AMERIC NEW YORK NY 10036-2601 T	CAS 18TH FLOOR DELETE CAS 18TH FLOOR DELETE CAS 18TH FLOOR DELETE CAS 18TH FLOOR	21 TT 22 N 23 S 24 C 41 TT 42 N 43 S 44 C 5.1 TT 52 N 5.3 S 5.4 C	ITLE TREET / TREET / TREE TAME TREET /	ADDRESS -ZIP			☐ Change	Addition Addition	
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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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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