

2001 UNIFORM BUSINESS REPORT (UBR)

0105697 AT

DOCUMENT # F97000006642

1. Entity Name
RECI XV, INC.

FILED

01 AUG 16 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% REAL ESTATE CAPITAL PARTNERS LP
1185 AVENUE OF THE AMERICAS 18TH FLOOR
NEW YORK NY 10036-2601

Mailing Address
% REAL ESTATE CAPITAL PARTNERS LP
1185 AVENUE OF THE AMERICAS 18TH FLOOR
NEW YORK NY 10036-2601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3961226		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KINNEY, ROBERT L		NAME	Robert J. McGee			
STREET ADDRESS	1185 AVENUE OF THE AMERICAS 18TH FLOOR		STREET ADDRESS	1185 Ave. of the Americas 18th Floor			
CITY-ST-ZIP	NEW YORK NY 10036-2601		CITY-ST-ZIP	New York, New York 10036			
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHEWER, KARIN E		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS 18TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036-2601		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAMLE, HUGH R		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS 18TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036-2601		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WINTER, MARTIN E		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS 18TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036-2601		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STONE, FRED M		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS 18TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036-2601		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WINTER, MARTIN E		NAME				
STREET ADDRESS	1185 AVENUE OF THE AMERICAS 18TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10036-2601		CITY-ST-ZIP				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: Robert J. McGee 8-7-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



REAL ESTATE CAPITAL PARTNERS

Limited Partnership

August 7, 2001

Division of Corporation
Registration Section
409 East Gaines Street
Tallahassee, FL 32399

Attn: Diane Cushing

Re: RECI XV, Inc.
Document # F97000006642

Dear Ms. Cushing:

On August 2, 2001, you spoke with my assistant, Carrie Marsh, regarding the 2001 Uniform Business Report for the above entity. You stated that the report was mailed out in January and was due by May 1st. We did not receive the report. As per your instructions, we are remitting only the amount due and all penalties have been waived.

Please feel free to contact me directly at (212) 655-4381.

Thank you for your attention in this matter.

Sincerely,

Ellyn Turner
Controller
Enc.