

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90033 008 ***150.00

DOCUMENT # F97000006642					
1. Entity Name RECI XV, INC.					
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		
2. Principal Place of Business Real Estate Capital Partners, L.P. Suite, Apt. #, etc. 114 West 47 th Street, 23 rd Floor City & State New York, N.Y. Zip 10036-1508		3. Mailing Address Real Estate Capital Partners, L.P. Suite, Apt. #, etc. 114 West 47 th Street, 23 rd Floor City & State New York, N.Y. Zip 10036-1508		07062006 Chg-P CR2E034 (11/05)	
4. FEI Number 13-3961226				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 32301-2525	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINNEY, ROBERT L <input type="checkbox"/> Delete 1185 AVENUE OF THE AMERICAS 18TH FLOOR NEW YORK, NY 100362601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman - Kinney, Robert L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEWER, KARIN E <input type="checkbox"/> Delete 1185 AVENUE OF THE AMERICAS 18TH FLOOR NEW YORK, NY 100362601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - Karin E. Shewer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAMLE, HUGH R <input checked="" type="checkbox"/> Delete 1185 AVENUE OF THE AMERICAS 18TH FLOOR NEW YORK, NY 100362601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Doocy, Paul J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGEE, ROBERT J <input type="checkbox"/> Delete 1185 AVENUE OF THE AMERICAS 18TH FLOOR NEW YORK, NY 100362601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST - McGee, Robert J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 114 W. 47 th Street, 23 rd Flr New York, N.Y. 10036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINTER, MARTIN E <input checked="" type="checkbox"/> Delete 1185 AVENUE OF THE AMERICAS 18TH FLOOR NEW YORK, NY 100362601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Karin E. Shewer</i> 8/31/06 212-655-4393 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					