

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

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

04-20-1999 90228 007 ***150.00

DOCUMENT # F97000006643

1. Corporation Name

RECI XX, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1997

4. FEI Number

13-3971587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KINNEY, ROBERT L | |
| STREET ADDRESS | 1185 AVENUE OF THE AMERICAS 18TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10036-2601 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SHEWER, KARIN E | |
| STREET ADDRESS | 1185 AVENUE OF THE AMERICAS 18TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10036-2601 | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | LAMLE, HUGH R | |
| STREET ADDRESS | 1185 AVENUE OF THE AMERICAS 18TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10036-2601 | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | WINTER, MARTIN E | |
| STREET ADDRESS | 1185 AVENUE OF THE AMERICAS 18TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10036-2601 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | STONE, FRED M | |
| STREET ADDRESS | 1185 AVENUE OF THE AMERICAS 18TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10036-2601 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | STONE, FRED M | |
| STREET ADDRESS | 1185 AVENUE OF THE AMERICAS 18TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY 10036-2601 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)