

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 040 ***150.00

DOCUMENT # F97000006643

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3971587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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 checked="" 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	MCGEE, ROBERT J	
STREET ADDRESS	1185 AVENUE OF THE AMERICAS 18TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10036-2601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)