

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 005 ***150.00

DOCUMENT # F97000006665

1. Corporation Name
RECI XVI, 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
12/17/1997

4. FEI Number
13-3961231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 ☐ DELETE
NAME KINNEY, ROBERT L
STREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036-2601

TITLE V ☐ DELETE
NAME SHEWER, KARIN E
STREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036-2601

TITLE DV ☐ DELETE
NAME LAMLE, HUGH R
STREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036-2601

TITLE VT ☐ DELETE
NAME WINTER, MARTIN E
STREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036-2601

TITLE S ☐ DELETE
NAME STONE, FRED M
STREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036-2601

TITLE C ☐ DELETE
NAME SASS, MARTIN D
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

Daytime Phone #

CR2E034 (11/98)