

2001 UNIFORM BUSINESS REPORT (UBR)

01056990 AT

DOCUMENT # F97000006665

1. Entity Name
RECI XVI, INC.

FILED
01 AUG 16 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

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



DO NOT WRITE IN THIS SPACE

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 **13-3961231** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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. **\$5.00 May Be Added to Fees**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert J. McGee 1185 Ave of the Americas, 18th Floor New York, New York 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004538908--9 -08/16/01--01081--006 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like 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 XVI, INC.
Document # F97000006665

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.