2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # F97000006665** 1. Entity Name 04-27-2005 90342 047 \*\*\*150.00 RECIXVI, INC. Mailing Address Principal Place of Business % REAL ESTATE CAPITAL PARTNERS LP 1185 AVENUE OF THE AMERICAS, 18TH FLO % REAL ESTATE CAPITAL PARTNERS LP 1185 AVENUE OF THE AMERICAS, 18TH FLO NEW YORK NY 10036-2601 NEW YORK NY 10036-2601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 13-3961231 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Addition KINNEY, ROBERT L NAME NAME 1185 AVENUE OF THE AMERICAS 18TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY 10036-2601 CJTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete THILE ☐ Change Addition SHEWER, KARIN E NAME NAME STREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10036-2601 CITY-ST-7IP TITLE DV ☐ Delete THILE Change ☐ Addition NAME LAMLE, HUGH R NAME STREET ADDRESS 1185 AVENUE OF THE AMERICAS 18TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10036-2601 CITY+ST-ZIP THILE S ... Delete TITLE ☐ Change Addition MCGEE, ROBERT J 1185 AVENUE OF THE AMERICAS 18TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY 10036-2601 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SASS, MARTIN D NAME NAME 1185 AVENUE OF THE AMERICAS 18TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY 10036-2601 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #