


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000006665	
1. Entity Name RECI XVI, INC.	

Principal Place of Business % REAL ESTATE CAPITAL PARTNERS LP 114 WEST 47TH ST 23RD FLOOR NEW YORK, NY 10036-2601	Mailing Address % REAL ESTATE CAPITAL PARTNERS LP 114 WEST 47TH ST 23RD FLOOR NEW YORK, NY 10036-2601
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3961231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KINNEY, ROBERT L 114 WEST 47TH ST 23RD FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEWER, KARIN E 114 WEST 47TH ST 23RD FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOOCY, PAUL J 114 WEST 47TH ST 23RD FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGEE, ROBERT J 114 WEST 47TH ST 23RD FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/16/07-80018-018/150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/16/07

212-843-6122