


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90009 017 ****55.00

DOCUMENT # M01000000126	
1. Entity Name RELATED EXPERIENCES LLC	

Principal Place of Business C/O THE RELATED COMPANIES LP 625 MADISON AVE. ATTN: LEGAL DEPT. NEW YORK, NY 10022	Mailing Address C/O THE RELATED COMPANIES LP 625 MADISON AVE. ATTN: LEGAL DEPT. NEW YORK, NY 10022
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20047234



2. Principal Place of Business C/O THE RELATED COMPANIES, LP Suite, Apt. #, etc. 60 COLUMBUS CIRCLE City & State New York NY Zip 10023	Country	3. Mailing Address C/O THE RELATED COMPANIES, LP Suite, Apt. #, etc. 60 COLUMBUS CIRCLE City & State New York, NY Zip 10023	Country
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03232005 Chg-LLC CR2E083 (10/03)

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	
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4. FEI Number 13-4147779	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE RELATED COMPANIES, LP 625 MADISON AVE NEW YORK, NY 10022	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE RELATED COMPANIES, LP 60 COLUMBUS CIRCLE NEW YORK, NY 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Susan J. McGuire* 3/31/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #