


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # M01000000126
 1. Entity Name
 RELATED EXPERIENCES LLC



Principal Place of Business
 C/O THE RELATED COMPANIES LP
 60 COLUMBUS CIRCLE
 NEW YORK, NY 10023

Mailing Address
 C/O THE RELATED COMPANIES LP
 60 COLUMBUS CIRCLE
 NEW YORK, NY 10023



01182007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4147779	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

Filing Fee is \$50.00 Due by May 1, 2007

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 04/17/07-80031-001 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE RELATED COMPANIES, LP 60 COLUMBUS CIRCLE NEW YORK, NY 10023
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11. 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 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: *[Signature]* 4/5/07 210.421.5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

By: Susan J. McGuire, Arthur J. 2201 1/2 St