

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
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



03052008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 13-4147779

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000914080
 05/08/08-80042-009 143.75

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: Susan J. McGuire 3/5/08 212 421 5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

AUTHORIZED REPRESENTATIVE