


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

Kim

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # M03000002986</b><br>1. Entity Name<br>CP MEZZANINE MANAGER, L.L.C. |  |
|--|---|

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|--|--|
| Principal Place of Business<br>C/O THE RELATED COMPANIES, L.P.<br>60 COLUMBUS CIRCLE<br>NEW YORK, NY 10023 | Mailing Address<br>C/O THE RELATED COMPANIES, L.P.<br>60 COLUMBUS CIRCLE<br>NEW YORK, NY 10023 |
|--|--|



01112006No Chg-LLC

CR2E083 (11/05)

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|----------------------------------|--|
| 4. FEI Number<br>20-0200777      | Applied For<br><input type="checkbox"/> 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 SYSTEM  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>THE RELATED COMPAINES, LP<br>60 COLUMBUS CIRCLE<br>NEW YORK, NY 10023 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/17/06-80075-004 55.00

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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 1/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BY: Susan J. McGuire, Authorized Person