


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003403 1. Entity Name RCC ASSET MANAGERS V L.L.C.	
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FILED

04 APR 20 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 625 MADISON AVENUE NEW YORK, NY 10022	Mailing Address 625 MADISON AVENUE NEW YORK, NY 10022
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-3892419	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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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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, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RELATED GENERAL II L.P.	NAME	400036081774
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS	05/12/04--01013--015 **2288..75
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOESKY, STUART J	NAME	
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRMES, ALAN P	NAME	
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNITZER, MARC D	NAME	
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, DENISE	NAME	
STREET ADDRESS	625 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10022	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

\$50.00

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: Teresa Wicelinski **TERESA WICELINSKI** 4/9/04 212 421 5332

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