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Jun 24, 2005 8:00 am
Secretary of State
04-18-2005 90071 035 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003760

1. Entity Name
RAP FL, LLC

Principal Place of Business	Mailing Address
C/O THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022	C/O THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022

30009715

03312005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o The Related Companies, L.P.	c/o The Related Companies, L.P.
Suite, Apt. #, etc. 60 Columbus Circle	Suite, Apt. #, etc. 60 Columbus Circle
City & State New York, NY	City & State New York, NY
Zip 10023 Country	Zip 10023 Country

4. FEI Number
20-0370018
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RELATED APARTMENT PRESERVATION, LLC 625 MADISON AVENUE NEW YORK, NY 10022 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Change ☒ Addition The Related Companies, L.P. 60 Columbus Circle, NY, NY 10023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Change ☒ Addition The Related Companies, Inc. 60 Columbus Circle, NY, NY 10023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ☐ Change ☒ Addition GMP, LLC 2828 Coral Way, PH 1 Miami, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 3/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #