2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # M0300003817 1. Entity Name RAP TE ACQUISITION, LLC					04-18-2005 90071 034 ****55.00				
Principal Place of Business C/O THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022 Mailing Address C/O THE RELATED CO 625 MADISON AVENUE NEW YORK, NY 10022 MEW YORK, NY 1002			E '						
2 Principal P CO The	lace of Business Companies	3. Mailing Address GO The Rela	ted Cor	nbante					
	Tumbus Girle	60 Columbus Cral		le	03312005	3312005 Chg-LLC CR2E083 (10/03)			
City & Stat	ionk, N	Lew York,	27		4. FEI Number 20-038				oplied For ot Applicable
Zip (100	23 Country	Zin 2007-3	Country		5. Certificate	of Status Desired	X	5.00 Add	ditional
t ·	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New F	legistered A	gent	
			Nam	18					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	e
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing i	ts registered offic	e or registe	red agent, or bo	th, in the State of Fl		I ımiliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registered Agent s	gnature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State			e :	
9.	MANAGING MEMBER	S /MANAGERS	10.			ADDITIONS	CHANCEC.		
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NAME	RELATED APARTMENT PRESER		NAME	1334	ruled A	partment	Pres	Change	Addition
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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 trostee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: WARDEN NAME OF STOWNS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE

DA

STREET ADDRESS

CITY-ST-ZIP