2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# M04000001488

Entity Name: INDEPENDENCE ASSOCIATES GP LLC

Current Principal Place of Business:

C/O CHARTERMAC
625 MADISON AVENUE
NEW YORK, NY 10022

New Principal Place of Business:

625 MADISON AVENUE
NEW YORK, NY 10022 US

Current Mailing Address:

C/O CHARTERMAC
625 MADISON AVENUE
NEW YORK, NY 10022

New Mailing Address:

625 MADISON AVENUE
NEW YORK, NY 10022 US

FEI Number: 20-0755070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	S	( ) Delete
Name:	BEEDE, STEVEN	
Address:	625 MADISON AVENUE, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	CFO	(X) Delete
Name:	LEVY, ROBERT L	
Address:	625 MADISON AVENUE, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	PCEO	(X) Delete
Name:	WEIL, ANDREW J	
Address:	625 MADISON AVENUE, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	T	(X) Delete
Name:	HOPPS, GLENN	
Address:	625 MADISON AVENUE, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	VP	(X) Delete
Name:	GINSBERG, JUSTIN	
Address:	625 MADISON AVENUE, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	
Title:	VP	(X) Delete
Name:	ROGER, STEPHEN	
Address:	625 MADISON AVENUE, 5TH FLOOR	
City-St-Zip:	NEW YORK, NY 10022	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	CENTERLINE MANAGER L, LC	
Address:	625 MADISON AVENUE	
City-St-Zip:	NEW YORK, NY 10022 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANE LOUIS POA 03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date