

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90363 022 ****55.00

DOCUMENT # M04000004267

1. Entity Name
 CUTLER VISTA PRESERVATION, LLC



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

14012803



2. Principal Place of Business: C/O The Related Companies
 3. Mailing Address: C/O The Related Companies

Suite, Apt. #, etc.: 60 Columbus Circle

City & State: New York NY

Zip: 10023

04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number: APPLIED FOR
 Applied For: Not Applicable:

5. Certificate of Status Desired: \$5.00 Additional Fee Required

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: _____

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	RELATED APARTMENT PRESERVATION, LLC	625 MADISON AVENUE NEW YORK, NY 10022	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM	Related Apartment Preservation, LLC	60 Columbus Circle, New York, NY 10023	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Mark E. Carbone* Mark E. Carbone 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #