

FILED

2006 JAN -4 PM 2:13

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000004274

1. Entity Name
CUTLER VISTA DEVELOPER, 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

PK

S05131907639
05/02/05 90363 023 \$55.00



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

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 Country

04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number **APPLIED FOR 20-1768872** Applied For Not Applicable

5. Certificate of Status Desired **X** \$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 _____ (NOTE: Registered Agent signature required when renewing) 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	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RELATED APARTMENT PRESERVATION, LLC		NAME	Related Apartment Preservation, LLC	
STREET ADDRESS	625 MADISAON AVENUE		STREET ADDRESS	60 Columbus Circle, NY, NY 10023	
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		
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		
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		
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		

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. Cabore* *4/15/05*

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