2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M05000004261

1. Entity Name
RELATED HOTEL PROGRAMS LLC

Principal Place of Business	Mailing Address
60 COLUMBUS CIRCLE NEW YORK, NY 10023	60 COLUMBUS CIRCLE NEW YORK, NY 10023

DO NOT WRITE IN THIS SPACE

03052008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-3252110	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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000914089
05/08/08-80042-012 143.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	THE RELATED COMPANIES, L.P.
STREET ADDRESS	60 COLUMBUS CIRCLE
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Medruins 3/5/08 212-421-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #
AUTHORIZED REPRESENTATIVE