

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000000556

1. Entity Name  
CUTLER HAMMOCK DEVELOPER, LLC



2007 APR 30 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
C/O THE RELATED COMPANIES, L.P.  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023

Mailing Address  
C/O THE RELATED COMPANIES, L.P.  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RAP FL, LLC  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200102124602  
05/10/07--01004--012 \*\*618.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
RAP FL DEVELOPER  
60 COLUMBUS CIRCLE  
NEW YORK, NY 10023 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/07 212 421 5333