2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 23, 2008 8:00 am Secretary of State 05-15-2008 90078 008 ***143.75

DOCUMENT # M0600000556 1. Entity Name CUTLER HAMMOCK DEVELOPER, LLC						
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		, LP.	300097	76
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182008 Chg-LLC CR2E083 (12/06)	
City & State		City & State			4. FEI Number 20-4207418 Applie APPLIED FOR Not As	od For opticable
Zip	Country	Zip Count		try	5. Certificate of Status Desired \$5.00 Addition Fee Required	net
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of New Registered Agent	
1201 HAYS	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525			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 purised name of registered agent and tide if applicable. (NOTE: Registered Agent agrature required when rendating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
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9.	MANAGING MEMBER	IS/MANAGERS Delete	10.		ADDITIONS/CHANGES	Addition
NAME STREET ADDRESS	RAP FL, LLC 60 COLUMBUS CIRCLE		HAM! STRE	E Et address		J
CITY-SI-ZIP	NEW YORK, NY 10023 MGRM		-	-S1-2IP		7
NAME STREET ADDRESS	RAP FL DEVELOPER 60 COLUMBUS CIRCLE		TITLE MAMI STRE		□ Change.	Accition
CITY-\$1-ZIP				-S1-ZIP		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				E E E1 adoress -S1-ZP	Change C] Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Í			E Et address -S1-Zip	Change C	Addition
TITLE RAME STREET ADDRESS GITY-ST-ZIP	1				☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-SF-ZIP	1			l l	☐ Change ☐	Addition
11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, Floride 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: SIGNATUR						