Д	ANNUAL R 199	08 Valual Report \$100.00	Sandra Secre DIVISION OF Corporation	ORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS orporation Supplemental Fee			SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -9 PM 12: 13			
\$ 188.	and Mailing Addited Liability Cor CENTRE MPANY) C/O THE 625 MAD NEW YOR	MORTGAGE CA E RELATED CO DISON AVE. RK NY 10022	To: FLORIE JMENT APITAL OMPANIE	C/O THE RELATED COMPANIES, L 625 MADISON AVE. NEW YORK NY 10022						
2. Principa	al Place of Bus	iness	2a. Mailin	ng Address				3. Date Organized or Qualified 3a. State of Formation		
Sulte, Apt.	#, etc.		Suite, Apt.	Suite, Apt. #, etc.			05/23/1 4. FEI Number		DE	Applied For
City & State			City & Stat	ite			13-3842			Not Applicable
Zip	Country		Zip	Zip Count		,	5. Date of Last			cate of Status Desired
	7. Name	and Address of Current	Registered /	Agent		8. N		04/28/1997 ame and Address of New Registe		nt/Office
						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Suite, Apt. #, etc. ****188.75 ****188.75 City Zip Code FL above-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. Thereby accept the appointment				
SIGNATUR	•	(Registered Agent Accepting	* ** ** ** ** ** ** ** ** ** ** ** ** *	One intered And	· i-natura	an vainglating	·	DATE		
10. Title	Mar	(Registered Agent Accepting a naging Members/Manager		OTE: Registered Agos	<u>-</u> -	required when reinstating) ss Street Address		City,	, State and	Zip Code
MGRM MGRM					25 MADISON AVE. NE CHASE MANHATTAN PLAZA,			NEW YORK NY		
11. Ido hen	eby certify that	the information supplied wi	ith this filing do	pes not qualify (c	or the exe	mption stated in Se	ction 119.07(3) (i),	Florida Statutes.	l further cert	tify that the information

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER