


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90015 050 ****55.00

DOCUMENT # M97000000408 1. Entity Name RELATED CITYPLACE, L.L.C.			
Principal Place of Business C/O THE RELATED COMPANIES, L.P. 625 MADISON AVE. ATTN: LEGAL DEPT. NEW YORK, NY 10022		Mailing Address C/O THE RELATED COMPANIES, L.P. 625 MADISON AVE. ATTN: LEGAL DEPT. NEW YORK, NY 10022	
2. Principal Place of Business <i>C/O THE RELATED COMPANIES</i> Suite, Apt. #, etc. <i>60 Columbus Circle</i> City & State <i>New York, NY</i> Zip <i>10023</i>		3. Mailing Address <i>C/O THE RELATED COMPANIES</i> Suite, Apt. #, etc. <i>60 Columbus Circle</i> City & State <i>New York, NY</i> Zip <i>10023</i>	
4. FEI Number 03232005 Chg-LLC CR2E083 (10/03) 13-3954537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE RELATED COMPANIES, L.P. 625 MADISON AVENUE NEW YORK, NY 10022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE RELATED COMPANIES, L.P. 60 COLUMBUS CIRCLE NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Susan J McGuire</i> 3/31/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			