FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



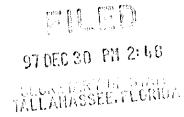
TISHMAN SPEYER PROPERTIES, LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # A12982





Principal Office Address 520 MADISON AVENUE 6TH FL NEW YORK NY 10022		3. Date Formed or Registered 08/12/1982 3a. Date of Last Report	5a. Capital Contributions as Shown on record
6TH FL			\$4 040 000 00
			\$1,040,000.00
NEW YORK NY 10022 NEW YORK NY 10022		04/03/1997	5b. Amount of Capital Contributions in FT ORIDA to date:
2a. Principal Office Address		4. State or Country of Formation	3,500
Suite, Apt. #, etc.		6. FLI Number	[h
City & State		13-2954404	Applied for Not Applicable
Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
l		8. Make check payable to: Dept. of State (See reverse side for fee information)	
egistered Agent]	10. If changed, new Registere	d Agent/Office
20.192. Fierida Statutes, the above name pistered agent, or bolli, in the State of Floi I section 620 192, Florida Statulos.	Suite, Apt. #, etc City Id limited partnershiprida Such change we	organized or registered under the taws of the sauthorized by its general partner(s). Therefore, DATE	eby accept the appointment of registered
Address of Each Genera	l Pariner		11c. Registration/
520 MADISON AVENUE		NEW YORK NY 01/15 ****1	4 (10525) (10-2 738-01087-001 56.25 ****156.25
	City & State Zip Zip Positive Agent M, INC. 20.192. Florida Statutes, the above name pistered agent, or both, in the State of Florida Statutes. S A CORPORATION, I BE REGISTERED AN 118. (Do NOT Use Post Office Both	City & State Zip Country Signature Agent Name Name Street Address (P Suite, Apt. #, etc City City 20.192, Fiorida Statutes, the above named limited partnership istered agent, or bollt, in the State of Florida Such change we is section 620 192, Florida Statutes. SA CORPORATION, LIMITED PA BE REGISTERED AND ACTIVE \(\) 11a. \(\) Address of Each General Partner \(\) (Do NOT Use Post Office Box Numbors) 11	Stilte, Apt. #, etc. City & State 7. Certificate of Status Desired 8. Make check payable to: Dept. of 8. A CORPORATION. Dept. of 8. A CORPORATION. Dept. of 8. A CORPORA

I'do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. Further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by charger 620, Florida Statutes

By: Tishman Speyer Properties Inc. its general partner

SIGNATURE By: Typed or Printed Name of General Partner Signing Form

Andrew J. Nathan, Vice President Dayline Telephone Number (212) 593-9475

December 29, 1997