2001 UNIFORM BUSINESS REPORT (UBR)

0002656 AB

DOCUMENT # A25587

1. Entity Name

TRC DOLPHIN LIMITED PARTNERSHIP

FILED
01 JUL 17 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% TISHMAN HOTEL CORPORATION	C/O TISHMAN ASSET CORPORATION
1200 EPCOT RESORTS BLVD.	666 FIFTH AVENUE
LAKE BUENA VISTA FL 32830	NEW YORK NY 10103

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number 13-3446931 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TISHMAN REALTY CORPORATION OF FLORIDA	Name
1200 EPCOT RESORTS BLVD.	Street Address (P.O. Box Number is Not Acceptable)
LAKE BUENA VISTA FL 32830	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.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $3,498,147.00

10. Amount of Capital Contributions in FLORIDA to date. 3,498,147

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	F97000006485	STREET ADDRESS	300004484843--7
NAME	THR DOLPHIN CORP.		-07/18/01--01051--010
STREET ADDRESS	666 FIFTH AVENUE	CITY-ST-ZIP	******8.75 ******8.75
CITY-ST-ZIP	NEW YORK NY 10103		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	300004484843--7
CITY-ST-ZIP			-07/18/01--01051--011
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
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CR2E003 (5/01)

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 7/12/01 212-399-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #