

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018370
AB

DOCUMENT # **A25587**

1. Entity Name

TRC DOLPHIN LIMITED PARTNERSHIP

02 MAY 22 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business % TISHMAN HOTEL CORPORATION 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA FL 32830	Mailing Address C/O TISHMAN ASSET CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
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 TISHMAN REALTY CORPORATION OF FLORIDA 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA FL 32830	
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,498,147.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
NAME	THR DOLPHIN CORP.	CITY-ST-ZIP	100005677101--6
STREET ADDRESS	666 FIFTH AVENUE		-05/04/02--01036--004
CITY-ST-ZIP	NEW YORK NY 10103		***526.25 ***526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Terry Schumacher* **5/9/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)