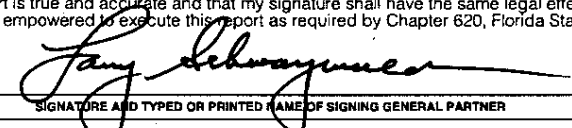


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25587 1. Entity Name TRC DOLPHIN LIMITED PARTNERSHIP					
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, 36th Floor 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TISHMAN REALTY CORPORATION OF FLORIDA 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA, FL 32830				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 _____ 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. 3,498,147.00			
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		
STREET ADDRESS	666 FIFTH AVENUE		780036873177 05/11/04--01091--018 **535.00		
CITY-ST-ZIP	NEW YORK, NY 10103		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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: 			4/26/04 212-399-3600 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE