

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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		Country		4. FEI Number 13-3446931	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TISHMAN REALTY CORPORATION OF FLORIDA 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA, FL 32830				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 _____ 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		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10103		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			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)(f), 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: <i>Harry Schwarzwald</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Harry Schwarzwald			Date 4/18/05 Daytime Phone # 212-708-8143		

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