2006 LIMITED PARTNERSHIP ANNUAL REPORT **FILED Due By May 1, 2006** Apr 24, 2006 08:00 Al Secretary of State **DOCUMENT # A25587** TRC DOLPHIN LIMITED PARTNERSHIP Principal Place of Business Mailing Address C/O TISHMAN ASSET CORPORATION 666 FIFTH AVENUE, 36TH FLOOR % TISHMAN HOTEL CORPORATION 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA, FL 32830 NEW YORK, NY 10103 04062006 Na Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 13-3446931 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TISHMAN REALTY CORPORATION OF FLORIDA DO NOT WRITE 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA, FL 32830 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. F97000006485 DOCUMENT # NAME THR DOLPHIN CORP. 666 FIFTH AVENUE STREET ADDRESS U000000531263 CITY-ST-ZIP NEW YORK, NY 10103 05/06/06-80030-012 500.00 DOCUMENT # NAME STREET ADDRESS CITY-SY-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP DOCUMENT

IN THIS SPACE

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34,	. I hereby c	ertify that the information	i supplied with this till	nd does not quality for	the exemptions contain	ned in Chapter 11	19. Fiorida Statutes	s. I turther certify	/ that the intormation
	indiantad	on this report is true and	good that my	pignatura chall have the	s name logal offact as it	f mada undar asti	hi that I am a Can	aral Partner of th	a limited namearchin
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	or the reci	eiver or trustee empowers	ed to execute this repo	ort as required by Chao	ter 620. Florida Statute	s			
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NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-SY-ZIP

OF SIGNING GENERAL PARTNER

Applied For

Not Applicable