

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 26, 2007 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



04102007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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, 2007, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F97000006485
NAME THR DOLPHIN CORP.
STREET ADDRESS 666 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10103

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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U00000735322
05/10/07-80028-025 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Larry Schwartz 4/18/07 212-708-6843