## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A25587

1. Entity Name

TRC DOLPHIN LIMITED PARTNERSHIP



FILED Apr 26, 2007 08:00 AM Secretary of State

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)

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		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	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 #		
NAME		
STREET ADDRESS		V00000735322
CITY-ST-ZIP		05/ĬŎ/Ŏ7-8ŎŎ28-O25 500.Q
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		N. T.U. ODA OF
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 emporated to precute this report as required by Chapter 620. Florida Statutes

SIGNATURE

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

STREET ADDRESS
CITY-ST-ZIP

RE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTIER

4/18/0 212.708684