



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A25668 1. Entity Name TISHMAN DOLPHIN LIMITED PARTNERSHIP					
Principal Place of Business 666 FIFTH AVENUE NEW YORK, NY 10103			Mailing Address %TISHMAN CONSTRUCTION 666 5TH AVENUE., 38TH FLOOR NEW YORK, NY 10103		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 13-3439125				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$17,265,038.00		10. Amount of Capital Contributions in FLORIDA to date. 17,265,038.00			
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 #	A25587		STREET ADDRESS		
NAME	TRC DOLPHIN LIMITED PARTNERSHIP		CITY-ST-ZIP		
STREET ADDRESS	666 FIFTH AVENUE				
CITY-ST-ZIP	NEW YORK, NY				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 <i>Larry Schwarzwald</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Treasurer</i>		
DATE <i>4/18/05</i>			Daytime Phone # <i>212-708-0843</i>		

STAPLE CHECK HERE