2006 LIMITED PARTNERSHIP ANNUAL REPORT FILED Due By May 1, 2006 Apr 24, 2006 08:00 Al Secretary of State DOCUMENT # A25668 1. Entity Name TISHMAN DOLPHIN LIMITED PARTNERSHIP Principal Place of Business Mailing Address **666 FIFTH AVENUE** %TISHMAN CONSTRUCTION 666 5TH AVENUE., 38TH FLOOR NEW YORK, NY 10103 NEW YORK, NY 10103 04062006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 13-3439125 \$8.75 Additional Fee Required 5. Certificate of Status Desired 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 it 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. 12. GENERAL PARTNÉR INFORMATION

A25587 DOCUMENT # TRC DOLPHIN LIMITED PARTNERSHIP NAME STREET ADDRESS 666 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS CITY-ST-ZIP DOCHMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

U00000531201 05/06/06-80030-009 500.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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 empowered to execute this report as required by Chapter 620, Florida Statutes

COA SURTE

SIGNATURE:

CITY-ST-ZIP

CHECK

STAPLE

ME OF SIGNING GENERAL PARTNER