

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 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**



04102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

13-3439125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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, 2008, Fee will be \$900.00**

U000000924311

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST- ZIP

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CITY-ST- ZIP

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IN THIS SPACE**

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 #

STAPLE CHECK HERE