

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A27210

1. Entity Name
TISHMAN DEVELOPMENT ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business

**%TISHMAN REALTY & CONSTRUCTION CO., INC.
666 FIFTH AVENUE
NEW YORK, NY 10103**

Mailing Address

**%TISHMAN REALTY & CONSTRUCTION CO., INC.
666 FIFTH AVENUE
NEW YORK, NY 10103**



04062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3485099

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TISHMAN DEVELOPMENT MANAGEMENT, INC.
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, 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 PARTNER INFORMATION

DOCUMENT # **M99999**
NAME **TISHMAN DEVELOPMENT MGNT**
STREET ADDRESS **1200 EPCOT RESORTS BLVD.**
CITY-ST-ZIP **LAKE BUENA VISTA, FL 32830**

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U000000531189
05/06/06-80030-007 500.00

**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 #

Jimmy Schuykowski *T. Schuykowski* 4/11/06 212-708-6843