2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 28 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000194

1. Entity Name
DOLPHIN MALL ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
200 EAST LONG LAKE RD. P.O. BOX 200 BLOOMFIELD HILLS, MI 48303	200 EAST LONG LAKE RD. P.O. BOX 200 BLOOMFIELD HILLS, MI 48303

01132005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-2033087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $151,548,722. (2. A. Fred)

10. Amount of Capital Contributions in FLORIDA to date. $151,548,722

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 #	M99000000480	STREET ADDRESS	
NAME	TAUBMAN-DOLPHIN MALL ASSOCIATES LLC	CITY-ST-ZIP	400005263401A 04/28/05--01015--018 **526.25
STREET ADDRESS	200 EAST LONG LAKE RD.		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48303		
DOCUMENT #	F02000004994	STREET ADDRESS	
NAME	TAUBMAN-DOLPHIN, INC.	CITY-ST-ZIP	
STREET ADDRESS	200 EAST LONG LAKE RD.		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48303		
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME,		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ Dennis J. Hecht 4/5/05 2482586800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

7004 0550 0001 1422 4161