2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # B97000000194

1. Entity Name
DOLPHIN MALL ASSOCIATES LIMITED PARTNERSHIP



FILED Apr 10, 2006 08:00 AM **Secretary of State**

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



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LP CR2E003 (11/05) Applied For 4. FEI Number:

52-2033087

Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE EL 32301-2525

DO NOT WRITE

1746671174	OOLE, 11 S2001-2020	IN	THIS	SPA	ACE	
	e named entity submits this statement for the purpose of changing its registrons of registered agent.	stered office or registered agent, or b	oth, in the St	ate of Florid	a. 1 am familiar w	vith, and acce
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable				DATE	· · · · · · · · · · · · · · · · · · ·
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	7004 1160	<u> </u>	8947	2255	-
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo					
12.	GENERAL PARTNER INFORMATION)		-	
Document / Name Street Address City-St-Zip	M99000000480 TAUBMAN-DOLPHIN MALL ASSOCIATES LLC 200 EAST LONG LAKE RD. BLOOMFIELD HILLS, MI 48303			J000009 25/06–6	500894 30039-017	500.00
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	F02000004994 TAUBMAN-DOLPHIN, INC. 200 EAST LONG LAKE RD. BLOOMFIELD HILLS, MI 48303		}			
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT #		DO NOT WRITE IN THIS SPACE				
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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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT ! NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT ! NAME STREET ADDRESS CHY-ST-ZIP

ChrisB Hophy 3/3/06

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