

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
98 DEC 31 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TST GATEWAY CENTER LIMITED PARTNERSHIP

1. Name of Limited Partnership		1a. DOCUMENT # B980000000019	
Mailing Address C/O TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE NEW YORK NY 10022		Principal Office Address C/O TISHMAN SPEYER PROPERTIES 520 MADISON AVENUE NEW YORK NY 10022	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 01/04/1998		5a. Capital Contributions as Shown on record. \$0.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: \$34,946,158.00	
4. State or Country of Formation DE		6. FEI Number 13-3972821	
7. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. If changed, new Registered Agent/Office Name: National Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue Suite, Apt. #, etc.: City: Tallahassee FL Zip Code: 32301
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TISHMAN SPEYER/TRAVELERS ASS	520 MADISON AVE.	NEW YORK NY 10022	G97364000020
800002735498--6 -01/11/99-01002-022 *****8.75 *****8.75 800002735498--6 -01/11/99-01002-023 *****526.25 *****526.25 dec (en)			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE See Annex A attached hereto

DATE 11-5-98

Typed or Printed Name of General Partner Signing Form

Bruce D. Sabar

Daytime Telephone Number (212) 715-0300


Annex A
to
Limited Partnership
Annual Report
of
TST GATEWAY CENTER LIMITED PARTNERSHIP

12.

Tishman Speyer/Travelers Associates, general partner

By: TSCE Real Estate Venture, L.P., a general partner

By: TSCE Venture Corp., its general partner

By: 
Bruce D. Saber, Vice President