

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B98000000050 1. Entity Name THR ASSET LP	
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Principal Place of Business C/O TISHMAN ASSET CORPORATION 666 FIFTH AVENUE NEW YORK, NY 10103	Mailing Address C/O TISHMAN ASSET CORPORATION 666 FIFTH AVENUE, 38th Floor NEW YORK, NY 10103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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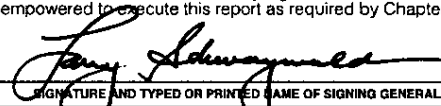
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.	
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9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. 0.00	
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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 #	F98000000373	STREET ADDRESS	
NAME	TISHMAN ASSET CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	666 FIFTH AVENUE		
CITY-ST-ZIP	NEW YORK, NY 10103		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: 4/26/04 Daytime Phone #: 212 399-3600
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152004 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3970487	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

STAPLE CHECK HERE