## 2006 LIMITED PARTNERSHIP ANNUAL REPORT **FILED** Due By May 1, 2006 Apr 24, 2006 08:00 Al **DOCUMENT #B98000000050 Secretary of State** 1. Entity Name THR ASSET LP Principal Place of Business Mailing Address C/O TISHMAN ASSET CORPORATION C/O TISHMAN ASSET CORPORATION 666 FIFTH AVENUE 666 FIFTH AVENUE NEW YORK, NY 10103 NEW YORK, NY 10103 04062006 No Chg-LP CR2F003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3970487 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # F98000000373 TISHMAN ASSET CORPORATION NAME U00000531282 STREET ADDRESS 666 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY 10103 05/06/06-80030-013 500.00 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

14. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

MAJURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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Daytime Phone #