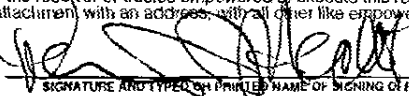


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004994 1. Entity Name TAUBMAN-DOLPHIN, INC.			
Principal Place of Business 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304		Mailing Address 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 32-0035173	
		Applied For Not Applicable	
		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, FL 32301-2525		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TAUBMAN, ROBERT S 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEV TAUBMAN, WILLIAM S 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEV PAYNE, LISA A 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CAO BLUM, ESTHER R 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HECHT, DENNIS J 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MIRO, JEFFREY H 38500 WOODWARD AVENUE, SUITE 100 BLOOMFIELD HILLS, MI 48304		
DO NOT WRITE IN THIS SPACE 000000063300 02/23/04-80156-003 150.00			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: 		Dennis J. Hecht 2/12/04 248-258-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	