



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 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
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DO NOT WRITE IN THIS SPACE

	
01132005	No Chg-P CR2E034 (10/03)
4. FEI Number 32-0035173	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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.	

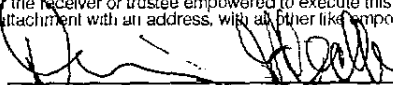
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

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04/21/05-80069-005 150.00

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:  <b>Dennis J. Hecht</b>	4/5/05 248 258 6800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE Daytime Phone #</small>