### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # F56549

1. Entity Name

TISHMAN REALTY CORPORATION OF FLORIDA



Principal Place of Business

Mailing Address

TISHMAN REALTY & CONSTRUCTION CO., INC. 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103 US

TISHMAN REALTY & CONSTRUCTION CO., INC. 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103 US

# FILED Apr 29, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

Applied For Not Applicable

13-3094902
5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pulions of registered agent.	rpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	<del></del>					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered A	gent signature	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			ng	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHWARZWALDER, LARRY 666 FIFTH AVE NEW YORK, NY 10103,				<u>(</u> (2009)0)141324	
TITLE NAME STREET ADDRESS DITY-ST-ZIP	S KOTOUN, KATHLEEN 666 FIFTH AVENUE NEW YORK, NY			04/80/04-80007-009 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO VICKERS, JOHN 666 FIFTH AVENUE NEW YORK, NY		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY - SI - ZIP	CEO TISHMAN, JOHH L 666 FIFTH AVE NEW YORK, NY 00000,		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP TISHMAN, DANIEL 666 FIFTH AVE NEW YORK, NY					
TITLE NAME STREET ADDRESS	AT BECK, FRANK 666 FIFTH AVE					

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 cath; that I am an officer or director of the corporation or the receiver of 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 audiess, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NEW YORK, NY

OPPRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 212.377-3600

Daylime Phone if