


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F56549	
1. Entity Name TISHMAN REALTY CORPORATION OF FLORIDA	

Principal Place of Business TISHMAN REALTY & CONSTRUCTION CO., INC. 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103 US	Mailing Address TISHMAN REALTY & CONSTRUCTION CO., INC. 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103 US
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3094902	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
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**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	T SCHWARZWALDER, LARRY 666 FIFTH AVE NEW YORK, NY 10103,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTOUN, KATHLEEN 666 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO VICKERS, JOHN 666 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TISHMAN, JOHH L 666 FIFTH AVE NEW YORK, NY 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP TISHMAN, DANIEL 666 FIFTH AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BECK, FRANK 666 FIFTH AVE NEW YORK, NY

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80096-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Schwarzwald **Larry Schwarzwald** 4/18/07 212 7086843