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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005673

1. Corporation Name

Longboat Development, Inc.

Principal Place of Business
**520 Madison Avenue
6th Floor
New York, NY 10022**

Mailing Address
**c/o Tishman Speyer Properties
6th Floor
New York, NY 10022**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/14/1993	3a. Date of Last Report 5/5/1994
4. FEI Number 13-3742659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**The Prentice Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Speyer, Jerry I.	1.2 NAME	
STREET ADDRESS	520 Madison Avenue	1.3 STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10022	1.4 CITY - ST - ZIP	
TITLE	V/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nathan, Andrew J.	2.2 NAME	
STREET ADDRESS	520 Madison Avenue	2.3 STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10022	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roth, Gary W.	3.2 NAME	
STREET ADDRESS	520 Madison Avenue	3.3 STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10022	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Augarten, David	4.2 NAME	
STREET ADDRESS	520 Madison Avenue	4.3 STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10022	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wechsler, Steven R.	5.2 NAME	
STREET ADDRESS	520 Madison Avenue	5.3 STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10022	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tishman, Robert V.	6.2 NAME	
STREET ADDRESS	520 Madison Avenue	6.3 STREET ADDRESS	
CITY - ST - ZIP	New York, NY 10022	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with an address.

SIGNATURE: David Augarten, Treasurer 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #