

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005673

1. Corporation Name

Longboat Development, Inc.

Principal Place of Business

Mailing Address

**520 Madison Avenue
6th Floor
New York, NY 10022**

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

3. Date Incorporated or Qualified 12/14/1993	3a. Date of Last Report 3/27/1995
4. FEI Number 13-3742659	Applied For 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 officer 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

Signature, typed or printed name of registered agent and title (optional)

(If title of registered agent registration is requested, please attach title)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P/D	
NAME	Speyer, Jerry I.	
STREET ADDRESS	520 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE	V	
NAME	Nathan, Andrew J.	
STREET ADDRESS	520 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE	S	
NAME	Roth, Gary W.	
STREET ADDRESS	520 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE	T	
NAME	Augarten, David	
STREET ADDRESS	520 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	
NAME	Wechsler, Steven R.	
STREET ADDRESS	520 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	
NAME	Tishman, Robert V.	
STREET ADDRESS	520 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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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)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. An attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Nathan, VP

4/11/96

212-715-0300

Date

Daytime Phone

CR2E034 (12/95)