


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


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

**DOCUMENT # G46518**  
 1. Entity Name  
**TISHMAN REALTY CORPORATION OF LAKE BUENA VISTA**



Principal Place of Business <b>666 FIFTH AVE.          36TH FLOOR          NEW YORK, NY 10103 US</b>	Mailing Address <b>666 FIFTH AVE.          36TH FLOOR          NEW YORK, NY 10103 US</b>
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**DO NOT WRITE IN THIS SPACE**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>13-3168198</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 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	S KOTOUN, KATHLEEN % 666 FIFTH AVE. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHWARZWALDER, L. % 666 FIFTH AVE. 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, JOHN J. % 666 FIFTH AVE. NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP TISHMAN, DANIEL 666 5 AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HASKIN, TIMOTHY 666 FIFTH AVE NEW YORK, NY

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 04/30/04-80007-008 156.75

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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:** *Larry Schwarzwald* **Larry Schwarzwald** Treasurer **4/26/04** 212-399-3600

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #