


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

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

Principal Place of Business 666 FIFTH AVE. 36TH FLOOR NEW YORK, NY 10103 US	Mailing Address 666 FIFTH AVE. 36TH FLOOR NEW YORK, NY 10103 US
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04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3168198	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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UD0000323461
04/22/05-80051-016 150.00

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* *4/18/05* *212 708 6893*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #