

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 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**

**DO NOT WRITE IN THIS SPACE**



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-3168198**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 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	<b>S KOTOUN, KATHLEEN % 666 FIFTH AVE. NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SCHWARZWALDER, L. % 666 FIFTH AVE. NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCOO VICKERS, JOHN 666 FIFTH AVENUE NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO TISHMAN, JOHN J. % 666 FIFTH AVE. NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP TISHMAN, DANIEL 666 5 AVE NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP HASKIN, TIMOTHY 666 FIFTH AVE NEW YORK, NY</b>

000000527720  
05/05/06-80007-017 150.00

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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:**

*Jan Schwarzwald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 212-708-6543  
Date Daytime Phone #