

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G48470
1. Entity Name
**TISHMAN REALTY CORPORATON OF CENTRAL
FLORIDA**



Principal Place of Business _____ Mailing Address _____
**666 FIFTH AVE. 666 FIFTH AVE.
36TH FLOOR 36TH FLOOR
NEW YORK, NY 10103 US NEW YORK, NY 10103 US**

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number **13-3171108** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**U00000323458
04/22/05-80051-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SCHWARZWALDER, LARRY
STREET ADDRESS	% 666 5TH AVE
CITY - ST - ZIP	NEW YORK, NY 10103,
TITLE	DPEO
NAME	TISHMAN, JOHN
STREET ADDRESS	% 666 5TH AVENUE
CITY - ST - ZIP	NEW YORK, NY
TITLE	P
NAME	VICKERS, JOHN
STREET ADDRESS	666 FIFTH AVENUE
CITY - ST - ZIP	NEW YORK, NY
TITLE	S
NAME	KOTOUN, KATHLEEN
STREET ADDRESS	% 666 5TH AVENUE
CITY - ST - ZIP	NEW YORK, NY
TITLE	DEVP
NAME	TISHMAN, DANIEL
STREET ADDRESS	666 5 AVE
CITY - ST - ZIP	NEW YORK, NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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** 4/18/05 212-708-6843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
TREASURER