


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G48470</b> 1. Entity Name TISHMAN REALTY CORPORATON OF CENTRAL FLORIDA		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARZWALDER, LARRY % 666 5TH AVE NEW YORK, NY 10103,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPEO TISHMAN, JOHN % 666 5TH AVENUE NEW YORK, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICKERS, JOHN 666 FIFTH AVENUE NEW YORK, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTOUN, KATHLEEN % 666 5TH AVENUE 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		
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: <u>Larry Schwarzwald</u> <u>T. Kotoun</u> <u>4/11/06</u> <u>212-708-6843</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
13-3171108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000529356  
05/05/06-80071-009 150.00

**DO NOT WRITE  
IN THIS SPACE**