#### 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2007 08:00 AM Secretary of State

DOCUMENT # G484	t /	U
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1. Entity Name

TISHMAN REALTY CORPORATON OF CENTRAL **FLORIDA** 



Principal Place of Business

Mailing Address

666 FIFTH AVE.

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36TH FLOOR NEW YORK, NY 10103 US 36TH FLOOR

NEW YORK, NY 10103 US



#### DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 04102007

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.

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE SCHWARZWALDER, LARRY NAME STREET ADDRESS % 666 5TH AVE NEW YORK, NY 10103, CITY-ST-ZIP TITLE **DPEO** NAME TISHMAN, JOHN % 666 5TH AVENUE STREET ADDRESS NEW YORK, NY CITY-ST-ZIP VICKERS, JOHN NAME STREET ADDRESS 666 FIFTH AVENUE CITY-ST-ZIP NEW YORK, NY III F KOTOUN, KATHLEEN NAME % 666 5TH AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY DEVP TISHMAN, DANIEL MARKE STREET ADDRESS 666 5 AVE CITY-ST-ZIP NEW YORK, NY NAME

## DO NOT WRITE IN THIS SPACE

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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 attackment with an actives, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

Laciy Schwidzwalder 4/18/07

Ture and typed chaptented name of signing officer or director

Date

Date