2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G64937

1. Entity Name

ORANGE COUNTY REALTY CORPORATION



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

Principal Place of Business

NEW YORK, NY 10103

Mailing Address

% TISHMAN REALTY AND CONST. CO INC. 666 FIFTH AVE

% TISHMAN REALTY AND CONST. CO INC. 666 FIFTH AVE

NEW YORK, NY 10103



DO NOT WRITE IN THIS SPACE

04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3210081 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

KOTOUN, KATHLEEN

SCHWARZWALDER, LARRY

666 FIFTH AVE

666 FIFTH AVE

TISHMAN, DANIEL

NEW YORK, NY

NY, NY

NY, NY

666 5 AVE

DO NOT WRITE IN THIS SPACE

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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 i	f applicable. (NOTE Registered Agent signature require	d when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		.00 May Be led to Fees
10.	OFFICERS AND DIREC	TORS	
TITLE	CD		
NAME	TISHMAN, JOHN		
STREET ADDRESS	666 FIFTH AVE		
CITY-ST-ZIP	NEW YORK, NY 00000,		
TITLE	DCOO		
NAME	VICKERS, JOHN		
STREET ADDRESS	666 FIFTH AVENUE		
CITY-ST-ZIP	NEW YORK, NY		

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U00000733645 05/09/07-80096-002 150.00

STREET ADDRESS
CHY-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 of true 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 a address, with all other like empowered.

SIGNATURE:

TITLE

NAME STREET ADORESS

TITLE

NAME STREET ADDRESS

THIE

NAME

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

WILLIAM TYPE AD OBJETED NAME OF SIGNING OFFICE OF DIDECTOR

4/cr/02 41. 108-6843