

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J99801

1. Entity Name
TISHMAN-DOLPHIN REALTY CORP.



Principal Place of Business

% TISHMAN HOTEL CORPORATION
1200 EPCOT RESORTS BLVD.
LAKE BUENA VISTA, FL 32830

Mailing Address

% TISHMAN HOTEL CORPORATION
666 FIFTH AVE, 36TH FLOOR
NEW YORK, NY 10103



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3433141

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCOO
NAME	VICKERS, JOHN
STREET ADDRESS	666 FIFTH AVENUE
CITY - ST - ZIP	NEW YORK, NY
TITLE	CD
NAME	TISHMAN, JOHN L.
STREET ADDRESS	666 5TH AVE.
CITY - ST - ZIP	NEW YORK, NY
TITLE	T
NAME	SCHWARTZWALDER, LARRY
STREET ADDRESS	666 FIFTH AVENUE
CITY - ST - ZIP	NEW YORK, NY
TITLE	S
NAME	KOTOUN, KATHLEEN
STREET ADDRESS	666 FIFTH 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	

000000141317
04/30/04-80007-005 158.75

**DO NOT WRITE
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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Schwartzwald
LARRY SCHWARTZWALDER

4/26/04 212-398-3600