

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 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**

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80079-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Schwartzwald *Larry Schwartzwald* 4/18/07 212-705-6843