2005 FOR PROFIT CORPORATION

FILED Apr 22, 2005 08:00 AM Secretary of State

ANNUAL REPORT				
DOCUMENT # J99809 1. Entity Name TISHMAN-SWAN REALTY CORP.				
Principal Place of Business Mailing Address				
C/O TISHMAN HOTEL CORPORATION 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA, FL 32830 C/O TISHMAN R 600 FIFTH AVE NEW YORK, NY				
DO NOT WRITE IN THE	C CDACE			

Principal Place of Business Mailing Address C/O TISHMAN HOTEL CORPORATION 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA, FL 32830 Mailing Address C/O TISHMAN HOTEL CORPORATION 600 FIFTH AVE 36TH FLOOR NEW YORK, NY 10103		ATION	7 		
D	O NOT WRITE I		CE	04082005 No Chg-P CR2E034 (10/03) 4. FEI Number	
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, 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 titl	e il applicable (NOTE, Registere	d Agent signature required	when reinstating) DATE	
FIL After M:	E NOWI!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	- <u> </u>	.00 May Be ed to Fees 04/22/05-80051-013 150.00	
TITLE	DCOO	CIONS	<u></u>	<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP	VICKERS, JOHN 666 FIFTH AVENUE NEW YORK, NY	.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TISHMAN, JOHN L. 666 5TH AVE. NEW YORK, NY			The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARZWALDER, LARRY 666 FIFTH AVE NEW YORK, NY		The second of th	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTOUN, KATHLEEN 666 FIFTH AVE NEW YORK, NY	des de la companya de		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP TISHMAN, DANIEL 666 5 AVE NEW YORK, NY		Program to These of the September 2 and the Se	The Anthonous Property of the Control of the Contro	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> :</u>		
12 Thereby c	ertify that the information supplied with this	illing close not qualify for the aven	antian etated in Sec	chan 119 07/300 Florida Statutes 1 further certify that the information	

r nereuy ceruly that the information supplied with this filling 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.