## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J99813



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

Principal Place of Business

Mailing Address

% Tishman realty corporation of Florida 666 Fifth Avenue, 36th Floor New York, NY 10103

TRACCO HOTEL CORPORATION

% TISHMAN REALTY CORPORATION OF FLORIDA 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103



## DO NOT WRITE IN THIS SPACE

0-002000		no ong i	O. IZ2004 (10/00)			
4.	FEI Number	-	-		Applied For	
	12_2/2/2/	27			Not Applicab	

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

the obligations of registered agent.  Signature  Signat									
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000323437 04/22/05-80051-010 150.00				
10.	OFFICERS AND DIREC	TORS	*******	74	are the second time to the second time time to the second time time time time time time time time				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO		·=·	· ·	. · · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TISHMAN, JOHN L. TISHMAN REALTY,666 5 AVE NEW YORK, NY		== ' · · · · · · · · · · · · · · · · · ·	<u> </u>	- <u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARZWALDER, LARRY 666 5TH_AVE. NEW YORK, NY			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTOUN, KATHLEEN 666 5TH AVE NEW YORK, NY			-IN '	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP TISHMAN, DANIEL 666 5 AVE NEW YORK, NY				-				
TITLE NAME STREET ADDRESS CITY - ST - ZIP				•					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.									

Lawy Schwar

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR