2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # J99813** 1. Entity Name TRACCO HOTEL CORPORATION Principal Place of Business Mailing Address % TISHMAN REALTY CORPORATION OF FLORIDA % TISHMAN REALTY CORPORATION OF FLORIDA 666 FIFTH AVENUE, 36TH FLOOR 666 FIFTH AVENUE, 36TH FLOOR NEW YORK, NY 10103 NEW YORK, NY 10103 DO NOT WRITE IN THIS SPACE

TITLE

NAME

TIFLE NAME STREET ADDRESS

FILED Apr 24, 2006 08:00 AN Secretary of State

NEW YORK, NY 10103		NEW YORK, NY 10103		04062006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 13-3433137 Not Applicable		
DO NOT WRITE IN THIS SI			CE			
					Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current R					
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ad office of register	ed agent, or both, in	the State of Flor	ida. I am familiar with, and accept
SIGNATORE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE Registere	d Agent signaturé required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				00 May Be ed to Fees		
10. OFFICERS AND DIRECTORS				<u>-</u> -, !	······································	
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	DCEO VICKERS, JOHN 666 FIFTH AVENUE NEW YORK, NY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TISHMAN, JOHN L. TISHMAN REALTY,666 5 AVE NEW YORK, NY			0	1/10000003 3-80\2005	529371 80071-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHWARZWALDER, LARRY 666 5TH AVE. NEW YORK, NY			DO N	IOT W	RITE
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					
TIFLE]			

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 truetal 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.

LINGUAR

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

4/11/06