

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072642

FILED
May 18, 2006
Secretary of State

Entity Name: TISHMEN PROPERTIES 1 LLC

Current Principal Place of Business:

236 HAMLET DRIVE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

236 HAMLET DRIVE
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-2216767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVY, LOUIS
236 HAMLET DRIVE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARIZMAN, NIV
Address: 18 POPLAR PLAINS ROAD
City-St-Zip: WESTPORT, CT 06880 US

Title: MGRM () Delete
Name: BRESNER, GREGG
Address: 7 GREEN LANE
City-St-Zip: CHAPPAQUA, NY 10514 US

Title: MGRM () Delete
Name: GOLDSTEIN, MITCHELL
Address: 15 IVY HILL ROAD
City-St-Zip: CHAPPAQUA, NY 10514 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GREGG BRESNER

MR.

05/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date