2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000480

1. Entity Name

TAUBMAN-DOLPHIN MALL ASSOCIATES LLC



Principal Place of Business

200 EAST LONG LAKE ROAD ATTN: DENNIS HECHT BLOOMFIELD HILLS, MI 48304 Mailing Address

200 EAST LONG LAKE ROAD ATTN: DENNIS HECHT BLOOMFIELD HILLS, MI 48304

FILED Apr 21, 2005 08:00 AM Secretary of State



01132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 38-3461020

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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		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. 1 am familiar with, and accept the ubligations of registered agent		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAUBMAN REALTY GROUP 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304	UN0000321996 04/21/05-80102-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST ZIP		
TITLE NAME		

11. I hereby certify 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 is true and accurate and that my 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY: ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

Dennis J. Hecht
MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

45/05

148258 6800

Daylime Phone