


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M99999 1. Entry Name TISHMAN DEVELOPMENT MANAGEMENT, INC.	
---	---

Principal Place of Business % TISHMAN REALTY CORPORATION OF FLORIDA 666 FIFTH AVE., 36TH FLOOR NEW YORK, NY 10103	Mailing Address % TISHMAN REALTY CORPORATION OF FLORIDA 666 FIFTH AVE., 36TH FLOOR NEW YORK, NY 10103
--	--



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3485127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOO VICKERS, JOHN 666 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO TISHMAN, JOHN 666 FIFTH AVE NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCHWARZWALTER, LARRY 666 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KOTOUN, KATHLEEN 666 FIFTH AVENUE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP TISHMAN, DANIEL 666 5 AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000733277
05/09/07-80079-007 150.00

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 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.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Schwarzwalter *Larry Schwarzwalter* 4/18/07 212-7086843