


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99999</b>		
1. Entity 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	



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3485127	Applied For Not Applicable
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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**

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, 2008 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	DCEO 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	

000000924368  
05/16/08-80071-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, Treas.* 4/21/08 212-7086845