2000 UNIFORM BUSINESS REPORT (UBR)

526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 18 PM 3:40

DOCUMENT # A93000001054

1. Entity Name

CAPREIT NORTHLAKE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
ATTN: L. CURRIE TWO NORTH RIVERSIDE PLAZA. SUITE 400 CHICAGO IL 60606	ATTN: L. CURRIE TWO NORTH RIVERSIDE PLAZA. SUITE 400 CHICAGO IL 60606-2609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-4190154 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

BK
1/18/00

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$11,388,842.69	$ 115,039	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B93000000305 ✓	STREET ADDRESS	
NAME	ERP OPERATING LIMITED PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		
CITY-ST-ZIP	CHICAGO IL 60606		
DOCUMENT #	F97000005896 ✓	STREET ADDRESS	
NAME	ERP-QRS CPRT, INC.	CITY-ST-ZIP	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		
CITY-ST-ZIP	CHICAGO IL 60606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300003101823--4
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 1/11/00 312-474-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #