2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000001054

Entity Name: CAPREIT NORTHLAKE LIMITED PARTNERSHIP

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ATTN: B. SHUMAN

TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606

Current Mailing Address: New Mailing Address:

ATTN: B. SHUMAN TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606

FEI Number: 36-4190154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Capital Contributions as Shown on record: 11,388,842.69

Amount of Capital Contributions in Florida to date: 11,388,842.69

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: B01000000032

Name: BEL-EQR IV LIMITED PARTNERSHIP

Address: TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip:

Document #: M01000000275

Name: BEL-EQR NORTHLAKE GP, L.L.C.

Address: TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR Address: City-St-Zip: CHICAGO, IL 60606 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARBARA SHUMAN AS 05/02/2005