

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000001054

FILED
Apr 27, 2006
Secretary of State

Entity Name: CAPREIT NORTHLAKE LIMITED PARTNERSHIP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 36-4190154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

GENERAL PARTNER INFORMATION:

Document #: B01000000032
Name: BEL-EQR IV LIMITED PARTNERSHIP
Address: TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR
City-St-Zip: CHICAGO, IL 60606
Document #: M01000000275
Name: BEL-EQR NORTHLAKE GP, L.L.C.
Address: TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR
City-St-Zip: CHICAGO, IL 60606

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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, ASST SEC GP OF MEM OF GP

GP

04/27/2006

Electronic Signature of Signing General Partner

Date