2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017061 AT

DOCUMENT # A93000001054

1. Entity Name
CAPREIT NORTHLAKE LIMITED PARTNERSHIP

FILED
03 APR 22 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2003

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City FL

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$11,388,842.69	810,310,198	

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 #	B01000000032	STREET ADDRESS	
NAME	BEL-EQR IV LIMITED PARTNERSHIP		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR	CITY-ST-ZIP	
CITY-ST-ZIP	CHICAGO IL 60606		
DOCUMENT #	M01000000275	STREET ADDRESS	100016691581 04/22/03--01088--030 **526.25
NAME	BEL-EQR NORTHLAKE GP, L.L.C.		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR	CITY-ST-ZIP	
CITY-ST-ZIP	CHICAGO IL 60606		
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CR2E003 (10/02)

STAPLE CHECK HERE

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: Barbara Shuman BEL-EQR IV / Barbara Shuman, Asst. Sec'y 4-15-03 312 474-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #