

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001876**

1. Entity Name

**MIRAMAR SERVICE CENTER I, LIMITED PARTNERSHIP**

FILED

00 MAY 30 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

200 EAST RANDOLPH DRIVE  
CHICAGO IL 60601

Mailing Address

200 EAST RANDOLPH DRIVE  
CHICAGO IL 60601-6436

2. Principal Place of Business

200 E. Randolph Dr.

3. Mailing Address

200 E. Randolph Dr.

Suite, Apt. #, etc.

Suite 4322

Suite, Apt. #, etc.

Suite 4322

City & State

Chicago IL

City & State

Chicago IL

Zip

60601

Country

U.S.A.

Zip

60601

Country

U.S.A.

4. FEI Number

36.4328739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 *NA*

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.

\$2,068,704.00

10. Amount of Capital Contributions in FLORIDA to date.

\$ 2,068,704.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT # **A99000001869**  
NAME **LASALLE Miramar Service Center**  
STREET ADDRESS **LASALLE-MIRAMAR SERVICE CENTER I, LP - ILLC**  
CITY - ST - ZIP **200 EAST RANDOLPH DRIVE (Filed with the State) CHICAGO IL 60601**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

300003299619--2

-06/21/00--01093--021

\*\*\*526.25 \*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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

**ROBERT K. HAGAN - VICE PRESIDENT OF JONES LANG LASALLE CO-INVESTMENT, INC. MANAGING MEMBER OF LASALLE MIRAMAR SERVICE CENTER I, LLC.**

SIGNATURE: *S. Hagan*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **3.24.00**

Daytime Phone # **32.208.2000**