Document Number Only

P95000100218

C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, Florida 32301

City State Zip Phone
904-222-1092

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 3:01

400001514154
-06/15/95--01069--003
*****8.75 *****8.75

RECEIVED
95 JUN 14 PM 12:00
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS

LaSalle Sabal Plaza Limited Partnership

400001514154
-06/15/95--01069--004
*****87.50 *****87.50

( ) Profit
( ) NonProfit
( ) Limited Liability Company
(X) Foreign

( ) Amendment
( ) Dissolution/Withdrawal
( ) Annual Report
( ) Reservation

( ) Merger
( ) Mark
( ) Other
( ) Change of R.A.
( ) Fictitious Name
( ) CUS/ G/S

(X) Limited Partnership
( ) Reinstatement

( ) Certified Copy
( ) Photo Copies

( ) Call When Ready
(X) Walk In
( ) Mail Out

( ) Call If Problem
( ) Will Wait

( ) After 4:30
(X) Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00
6/14/95

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

file 2nd

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. LaSalle Sabel Plaza Limited Partnership
(Name of limited partnership as it is in the home state:

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Illinois
(State of Formation)

4. 5/24/88
(Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

FILED
95 JUN 14 PM 3:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7. Acceptance by the Registered Agent for Service of Process.

Beth A. Pope
(Officer must sign on this line)

Beth A. Pope, Asst. Secr
(Type Name and Title of Officer)

8. 11 South LaSalle Street, Chicago, IL 60603
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

LaSalle Sabel Plaza, Inc.

F95000002878

SPECIFIC ADDRESS

11 S. LaSalle St.
Chicago, IL 60603

10. 11 S. LaSalle St., Chicago, IL 60603
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 11 S. LaSalle St., Chicago, IL 60603
(Mailing Address of Limited Partnership)

(FLA. - LP 2819 - 2/1/92)

This 9th day of June, 19 95.

LaSalle Sabal Plaza, Inc.

By: _____

General Partner

Elizabeth Cerrillo Thomas, President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 3:01

STATE OF Illinois

COUNTY OF Cook

THE FOREGOING instrument was acknowledged and sworn to before me this 9th day of June, 19 95, by Elizabeth Cerrillo Thomas, President of LaSalle Sabal Plaza, Inc. (Name of General Partner) of LaSalle Sabal Plaza Limited Partnership (Name of Limited Parntership), An Illinois (State or Country) Limited Partnerhsip, on behalf of the Limited Partnership.

_____

Notary Public

State of Illinois at Large

"OFFICIAL SEAL"
Marilyn M. Krzus
Notary Public, State of Illinois
My Commission Expires 11/8/95

My Commission Expires:

November 8, 1995

(FLA. - LP 2819)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Elizabeth Carrillo Thomas, President of LaSalle Sabal Plaza, Inc., a general partner of LaSalle Sabal Plaza Limited Partnership, a (an) Illinois limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 4,050,000.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 0.

This 9th day of June, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 3:01

General Partner
LaSalle Sabal Plaza, Inc.

By: _____
Elizabeth Carrillo Thomas, President

STATE OF Illinois
COUNTY OF Cook
DATE June 9, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Elizabeth Carrillo Thomas, President of LaSalle Sabal Inc. (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 9th day of June, 19 95.

"OFFICIAL SEAL"
Marilyn M. Krzus
Notary Public, State of Illinois
My Commission Expires 11/8/95

Marilyn M. Krzus
Notary Public

State of Illinois at Large
My Commission Expires:
November 8, 1995

(FLA. - LP 2820 - 9/20/90)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 OCT -3 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

LASALLE SABAL PLAZA LIMITED PARTNERSHIP

1a. DOCUMENT #
B95000000218

2. New Mailing Address, If Applicable

Suite, Apt. #, etc. 900001606419
-10/11/95--01063--003

City, State & Zip ****191.25 ****191.25

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
11 SOUTH LASALLE STREET
CHICAGO IL 60603

Principal Office Address
11 SOUTH LASALLE STREET
CHICAGO IL 60603

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	**3a.** Date of Last Report	**4.** State or Country of Formation
08/14/1995		**IL**

5a. Capital Contributions as Shown on Record:	**5b.** Amount of Capital Contributions in FLORIDA to date:	**6.** FEI Number		**7.** CERTIFICATE OF STATUS REQUIRED
$0.00	—	36-4020331	Applied For / Not Applicable	[redacted]

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

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

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ______________________ DATE ________

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
LASALLE SABAL PLAZA, INC.	**11 SOUTH LASALLE STRE**	**CHICAGO IL 60603**	**P95000000078**

AR $52.50
SF $138.75
10-9-95

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE BY: Ronald P. Vander Weele, TREASURER DATE 9/26/95

Typed or Printed Name of General Partner Signing Form RONALD P. VANDER WEELE Telephone Number 312/782-5800

CR2E003