

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
**B9500000218**  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 26 PM 4:33

DO NOT WRITE IN THIS SPACE

DOCUMENT # B9500000218

1. Name of Limited Partnership

LASALLE SABAL PLAZA LIMITED PARTNERSHIP

2. Mailing Address  
200 EAST RANDOLPH DRIVE

3. Principal Office Address  
200 EAST RANDOLPH DRIVE

4. Date Formed or Registered  
To Do Business in Florida 6/14/95

Suite, Apt. #, etc.  
4322

Suite, Apt. #, etc.  
4322

5. FEI Number  
36-4020331

City & State  
CHICAGO, ILLINOIS

City & State  
CHICAGO, ILLINOIS

6. CERTIFICATE OF STATUS DESIRED  38.75 Additional Fee required for a Certificate of Status

Zip  
60601

Zip  
60601

7. State or Country of Formation ILLINOIS

8a. Capital Contributions as Shown on Record:  
\$1,050,000

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, with a minimum filing fee of \$52.50 and a maximum of \$457.50, for each year due this office.  
2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.  
3.) Penalty Fee(s): \$300 penalty fee for each year report term is delinquent.  
Note: If the amount entered in 8a is greater than amount entered in 8b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Capital Contributions in FLORIDA to date:  
0

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

10. If changed, new registered agent/office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
700002421777--3  
Suite, Apt. #, etc. -02/04/98--01112--001  
City \*\*\*1282.50 zip 33324 FL

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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number(s))	City, State and Zip Code	11a. Registration Document Number
LASALLE SABAL PLAZA, INC.	200 EAST RANDOLPH DRIVE	CHICAGO, ILLINOIS 60601	F95000002878
<p>PREMIUM - 1,000.00 AR - 105.00 AMOUNT - 177.50 \$1,282.50</p> <p><b>REINSTATEMENT</b></p> <p><b>REINSTATEMENT 1997-1998</b></p> <p>(MK)</p>			<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN 26 PM 4:33</p>

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 of non-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 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

LASALLE SABAL PLAZA, INC.

ROBERT K. HAGA, VICE PRES. AND ASSISTANT SECRETARY

DATE 1/23/98

Telephone Number (312) 782-5800

CR2E039 (1/97)