

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
B95000000219
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 26 PM 4:38

DOCUMENT # B95000000219

1. Name of Limited Partnership

SABAL PLAZA LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Mailing Address 200 EAST RANDOLPH DRIVE Suite, Apt. #, etc. 4322 City & State CHICAGO, ILLINOIS Zip 60601		3. Principal Office Address 200 EAST RANDOLPH DRIVE Suite, Apt. #, etc. 4322 City & State CHICAGO, ILLINOIS Zip 60601		4. Date Formed or Registered To Do Business in Florida 6/14/95	
				5. FEI Number 36-4020333	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See 15. Additional Fee required for a Certificate of Status</small>	
				7. State or Country of Formation	

8a. Capital Contributions as Shown on Record: \$4,815,000	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 \$437.50, for each year due this office, beginning with 1992 calendar year. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year missed 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: \$4,815,000	

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)	
	Suite, Apt. #, etc.	
	City	Zip Code 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. Name of General Partner(s) LA SALLE SABAL PLAZA LIMITED PARTNERSHIP	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 200 EAST RANDOLPH DRIVE	City, State and Zip Code CHICAGO, ILLINOIS 60601	11a. Registration Document Number B95000000218
REMARKS - 1000.00 AR - 875.00 SUPPL - 177.50 <hr/> 2,052.50		900002421789--6 -02/04/98--01112--003 ***2052.50 ***2052.50 REINSTATEMENT 1997-1998 (BKC)	

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 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.

BY LA SALLE SABAL PLAZA LIMITED PARTNERSHIP, ITS GENERAL PARTNER; BY LA SALLE SABAL PLAZA, INC., ITS GENERAL PARTNER
 SIGNATURE Robert K. Hagan DATE 1/23/98
 Typed or Printed Name of General Partner Signing Form ROBERT K. HAGAN, VICE PRES. & ASSISTANT SECRETARY Telephone Number (312) 782-5800

CR20039 (1/97)