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DIVISION OF CORPORATIONS
95 DEC 12 AM 9:44

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

900000166513
-12/19/95--01036--009
*****87.50 *****87.50

CORPORATION(S) NAME

Heitman / JMB Institutional Realty Advisors, L.P., Ltd.

( ) Profit
( ) NonProfit

( ) Amendment

( ) Merger

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(X) Foreign

( ) Dissolution/Withdrawal

( ) Mark

(X) Limited Partnership
( ) Reinstatement

( ) Annual Report
( ) Reservation

( ) Other
( ) Change of R.A.
( ) Fic. Name

( ) Certified Copy

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R. AGENT FEE 87.50
C. COPY
TOTAL 87.50
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BALANCE DUE
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CR2E031 (1-89)

Sandra B. Mortham, Secretary of State

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

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DIVISION OF CORPORATIONS
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1. Heitman/JMB Institutional Realty Advisors, L.P., Ltd.
(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. 1/4/51
(Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

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

Adrienne M. Jacklin (Agent must sign on this line) Assistant Secretary

8. c/o Nancy Kasko, 10 South Wacker Drive, Chicago, IL 60606
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS — SPECIFIC ADDRESS

Heitman/JMB Institutional Realty Advisors, Inc. P36929
an Illinois corporation
180 N. LaSalle Street, Chicago, Illinois 60601

c/o Heitman/JMB Advisory Corporation

10. 180 N. LaSalle Street, Chicago, Illinois 60601
(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. c/o Heitman/JMB Advisory Corporation
180 N. LaSalle Street, Chicago, Illinois 60601
(Mailing Address of Limited Partnership)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 12 AM 9:44

This 8th day of December, 19 95.
Heitman/JMB Institutional Realty Advisors, Inc.
By: Gail Carey
General Partner

STATE OF Illinois

COUNTY OF Cook

THE FOREGOING instrument was acknowledged and sworn to before me this 8th day of December, 19 95, by Gail Carey, Assistant Vice President of Heitman/JMB Institutional Realty Advisors, Inc. of
(Name of General Partner)
Heitman/JMB Institutional Realty Advisors, L.P., an Illinois
(Name of Limited Partnership)
Limited Partnership, on behalf of Illinois
(State or Country)
Limited Partnership.

"OFFICIAL SEAL"
Susan K. Nelson
Notary Public, State of Illinois
My Commission Expires 8/3/98

Susan K. Nelson
Notary Public

State of Illinois at Large

(SEAL) My Commission Expires: 8/3/98

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME the undersigned personally appeared Gail Carey, Assistant Vice President of Heitman/JMB Institutional Realty Advisors, Inc., *a general partner of* Heitman/JMB Institutional Realty Advisors, L.P., *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 $ 990.00 .
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 .

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DIVISION OF CORPORATIONS
95 DEC 12 AM 9:44

This 8th day of December, 19 95 .

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Heitman/JMB Institutional Realty Advisors, Inc.
By: _____
General Partner

State of Illinois

County of Cook

Date December 8, 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 Gail Carey, Assist. V.P. of Heitman/JMB Institutional Realty Advisors, 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 8th day of December, 19 95 .

"OFFICIAL SEAL"
Susan K. Nelson
Notary Public, State of Illinois
My Commission Expires 8/3/98
Seal

_____
Notary Public

State of Illinois at Large My commission expires: 8/3/98

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 DEC 29 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: **Heitman/JMB Institutional Realty Advisors, L.P.**

1a. DOCUMENT # B9500000145

DO NOT WRITE IN THIS SPACE

Mailing Address / Principal Office Address

c/o Gail Carey
Heitman/JMB Advisory Corporation
180 N. LaSalle Street
Chicago, IL 60601

180 N. LaSalle Street
Suite 3400
Chicago, IL 60601

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

2. New Mailing Address if Applicable
Suite, Apt. # etc.
City, State & Zip

800001683718
-01/10/96--01035--015
****191.25 ****191.25

2a. New Principal Office Address if Applicable
Suite, Apt. # etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: **12/12/95**

3a. Date of Last Report: **N/A**

4. State or Country of Formation: **Illinois**

5a. Capital Contributions as Shown on Record: **$990.00**

5b. Amount of Capital Contributions in FLORIDA to date: **-0-**

6. FEI Number: **36-3590452**

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS REQUIRED ☐ [redacted]

8. FEES: 1) Filing Fee Computed at a rate of $7 (or $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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

mc 1/8

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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
Heitman/JMB Institutional Realty Advisors, Inc.	**180 N. LaSalle Street**	**Chicago, IL 60601**	**P36929**

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)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i) 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 **Heitman/JMB Institutional Realty Advisors, Inc.**
General Partner
By: Gail Carey

DATE **December 29, 1995**

Typed or Printed Name of General Partner Signing Form: **Gail Carey, Assistant Vice President** Telephone Number: **(312) 541-6767**

CR2E003 (6/95)