

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # M01000000275

1. Entity Name

BEL-EQR NORTHLAKE GP, L.L.C.



Principal Place of Business

TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR
CHICAGO, IL 60606

Mailing Address

TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR
CHICAGO, IL 60606

DO NOT WRITE IN THIS SPACE



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

36-4917749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BEL-EQR IV LIMITED PARTNERSHIP
TWO N RIVERSIDE PLAZA
CHICAGO, IL 60606

TITLE
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U00000744094
05/15/07-80136-003 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MICHELLE LAPELLE

4.27.07

Date

3124741300

Daytime Phone #