

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000516

FILED
Mar 25, 2005
Secretary of State

Entity Name: EQUITY OFFICE MANAGEMENT, L.L.C.

Current Principal Place of Business:

C/O ANN M. SCHNEIDER
2 RIVERSIDE PLAZA
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

C/O ANN M. SCHNEIDER
2 RIVERSIDE PLAZA, #1600
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4477878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STEVENS, STANLEY M
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606 US

Title: MGR () Delete
Name: KINCAID, RICHARD D
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606 US

Title: MGR () Delete
Name: WILLIAMS, MARSHA
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STANLEY M. STEVENS

MGR

03/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date