2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000006298

1. Entity Name
ELPF TAMPA, LLC



FILED Feb 18, 2008 08:00 AM Secretary of State

Principal Place of Business

C/O LASALLE INVESTMENT MANAGEMENT 200 EAST RANDOLPH, SUITE 4400 CHICAGO, IL 60601 Mailing Address

C/O LASALLE INVESTMENT MANAGEMENT 200 EAST RANDOLPH, SUITE 4400 CHICAGO, IL 60601



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 hame of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/26/08-80092-001 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EXCELSIOR LASALLE PROPERTY FUND, INC. 200 E. RANDOLPH, SUITE 4400 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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
	limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes **COPCH K_HACON, HIST SEC OF EXCELSION **EXCELSION **

SIGNATURE:

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

Date | 34 0

Daytime Phone