2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Feb 09, 2004 8:00 am Secretary of State **DOCUMENT # M98000000914** 02-09-2004 90188 002 ****50.00 GATÉWAY CENTER II-FBEC, L.L.C. Principal Place of Business Mailing Address C/O HAGAN & ASSOCIATES C/O HAGAN & ASSOCIATES 200 E. RANDOLPH DRIVE, SUITE 4322 200 E. RANDOLPH DRIVE, SUITE 4322 CHICAGO, IL 60601 CHICAGO, IL 60601 2. Principal Place of Business 3. Mailing Address HAGAN & Associates o Hagan Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-LLC CR2E083 (10/03) AHN: EMa City & State 200 €. Applied For 4. FEI Number 52-2116504 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required $\mathcal{L}\mathcal{S}\mathcal{H}$ اصهان J.SIT 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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. Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition FLORIDA OFFICE PROPERTY COMPANY, INC. NAME NAME 200 EAST RANDOLPH DRIVE, SUITE 4300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60601 CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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 releiver or trustee employeed to execute this report as required by Chapter 608, Florida Statutes. FIORIDA

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED

FILED