

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

00 APR 22 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M98000001049

1. Entity Name
APOC OFFICE L.L.C.

Principal Place of Business % LASALLE ADVISORS CAPITAL MANAGEMENT, INC 100 EAST PRATT STREET, SUITE 2030 BALTIMORE MD 21201	Mailing Address % LASALLE ADVISORS CAPITAL MANAGEMENT, INC 100 EAST PRATT STREET, SUITE 2030 BALTIMORE MD 21202-1009
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2. Principal Place of Business ASALLE INVESTMENT MANAGEMENT INC Suite, Apt. #, etc. 3424 PEACHTREE ROAD #300 City & State ATLANTA, GEORGIA Zip 30326	3. Mailing Address Suite, Apt. #, etc. SAME City & State SAME Zip US
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DO NOT WRITE IN THIS SPACE

MMM

4. FEI Number 52-2120992	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICE, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003246068--7
-05/10/00--01009--024
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LASALLE ADVISORS CAPITAL MANAGEMENT, INC 100 EAST PRATT STREET, SUITE 2030 BALTIMORE MD 21201 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	LASALLE INVESTMENT MANAGEMENT INC 3424 PEACHTREE ROAD #300 ATLANTA, GEORGIA 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MMM SIGNATURE REQUIRED 1/24/00 Date 404-945-2174 Daytime Phone #

CR2E083 (9/99)