

2001 UNIFORM BUSINESS REPORT (UBR)

0023976 AF

DOCUMENT # M98000001049

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

FILED
01 FEB 26 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
% LASALLE ADVISORS CAPITAL MANAGEMENT, INC
3424 PEACHTREE ROAD, #300
ATLANTA GA 30326

Mailing Address
% LASALLE ADVISORS CAPITAL MANAGEMENT, INC
3424 PEACHTREE ROAD, #300
ATLANTA GA 30326



2. Principal Place of Business
LASALLE INVESTMENT MGMT INC -> "

Suite, Apt. #, etc.
3424 PEACHTREE ROAD #300 -> SAME

City & State
ATLANTA, GA 30326 -> SAME

Zip
30326

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2120992** Applied For Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

100003783551--8
-02/27/01--01117--019
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASALLE ADVISORS CAPITAL MANAGEMENT, INC <input type="checkbox"/> Delete 3424 PEACHTREE ROAD, #300 ATLANTA GA 30326
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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
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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: *[Signature]* SIGNATURE REQUIRED *1/31/01* *404-995-2100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)