## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9900002047

1. Entity Name

## CALEAST INDUSTRIAL INVESTORS, LLC



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90005 047 \*\*\*\*50.00

Principal Plac	e of Business		Mailing Address										
200 E. RANDOLPH CHICAGO IL 60601			770 L STREET # 1200 SACRAMENTO CA 95814				1 (88)	1011 110 1911 1011	<b>30</b> 768 <b>13</b> 787 1864)			FALEFON HFOA	
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State				4. FEI Num	nber <b>36-4</b>	221847			pplied For	
Zip -	Country		Zip Coun		ntry		5. Certificate of Status Desired			\$5.00 Additional Fee Required			
	6. Name ar	d Address of Current F			7. Name a	nd Address o	f New Regis	tered A	gent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Name Street Address (P.O. Box Number is Not Acceptable)							
				City					FL	Zip Cod	e		
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. (NOTE: Registere						e required	when reinstating)			DATE			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003													
9. MANAGING MEMBERS/MANAGERS								ADD	ITIONS/CHA	NGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA SALLE II 200 E. RAN CHICAGO II								☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Defete								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	Oelete	NAMI STRE	E E E E E E E E E E E E E E E E E E E	المام المحمود المام	·	<del></del>	- مه ج اس		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						,	(	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. J hereby c	ertify that the in	formation supplied with	Delete this filling does not qualify for t	CITY-	E et address -st-zip	d in Sec	ation 119 07/2	(Vi) Florida S	atutes I furth		Change	Addition	
indicated	on this report is	true and accurate and t	hat my signature shall have the empowered to execute this re	ne same	e legal effect	t as if ma	ade under oa	th; that I am a	managing n	nember	or manage	r of the	

Vice President of LaSalle Investment Management, Inc.

SIGNATURE:

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

Date

Date