

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership LA SALLE ADVISORS LIMITED	1a. DOCUMENT # A24118 <i>an-AR CM</i>
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Mailing Address % TAX MANAGER 11 S. LASALLE ST., SUITE 200 CHICAGO IL 60603	Principal Office Address % TAX MANAGER 11 S. LASALLE ST., SUITE 200 CHICAGO IL 60603	3. Date Formed or Registered 02/02/1987	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address 200 E. Randolph Suite, Apt. #, etc.		3a. Date of Last Report 01/02/1996	
2a. Principal Office Address 200 E. Randolph Suite, Apt. #, etc.		4. State or Country of Formation DE	
City & State Chicago, IL		5b. Amount of Capital Contributions in FLORIDA to date: \$0.00	
Zip 60601 Country USA		6. FEI Number 36-3637257 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State Chicago, IL		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 60601 Country USA		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 500002000865--7 -11/08/96--01100--005 City ***191.25 FL ***191.25
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LASALLE PARTNERS LIMITED	11 SOUTH LASALLE STRE 200 E. Randolph	CHICAGO IL Chicago, Il 60601	B9200000070

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Vivian I. MAMAW* DATE **9/19/96**

Typed or Printed Name of General Partner Signing Form **VIVIAN I. MAMAW** Daytime Telephone Number **(312) 782-5800**

CR2E003 (6/96)