

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # B00000000193**

1. Entity Name  
**BEL-EQR I LIMITED PARTNERSHIP**



Principal Place of Business  
**ATTN: B. SHUMAN**  
**TWO NORTH RIVERSIDE PLAZA, SUITE 400**  
**CHICAGO, IL 60606**

Mailing Address  
**ATTN: B. SHUMAN**  
**TWO NORTH RIVERSIDE PLAZA, SUITE 400**  
**CHICAGO, IL 60606**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**36-4372867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M00000001082**  
NAME **BEL-EQR I, L.L.C.**  
STREET ADDRESS **TWO NORTH RIVERSIDE PLAZA, SUITE 400**  
CITY-ST-ZIP **CHICAGO, IL 60606**

DOCUMENT #

NAME

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STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**U000000747747**

**05/17/07-80037-018 500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MICHAEL LAPELLE**

**42707**

Date

**3124791300**

Daytime Phone #

STAPLE CHECK HERE