

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017083 AT

DOCUMENT # B00000000193

1. Entity Name
BEL-EQR I LIMITED PARTNERSHIP



FILED

03 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ATTN: L. CURRIE
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606

Mailing Address
ATTN: L. CURRIE
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

Name

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

City

FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or 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

9. Capital Contributions
as Shown on record.

\$4,680,231.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$4,599,614

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Barbara Shuman *Barbara Shuman* ASST Sec 2 4-5-03 474-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
32-
GP
Daytime Phone #

CR2E003 (10/02)