


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED

05 SEP -7 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # B01000000032                          |  |  |
| 1. Entity Name<br>BEL-EQR IV LIMITED PARTNERSHIP |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR<br>CHICAGO, IL 60606 | Mailing Address<br>TWO NORTH RIVERSIDE PLAZA, 4TH FLOOR<br>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 |



07292005 Chg-LP CR2E003 (10/03)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>36-4417742 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$13,100,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$13,100,000.00 | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. |
|--|---|--|

**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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | M01000000217<br>BEL-EQR IV, L.L.C.<br>TWO N. RIVERSIDE PLAZA, 4TH FLOOR<br>CHICAGO, IL 60606 | STREET ADDRESS           |                             |
|   |  | CITY - ST - ZIP          |                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           | 400059544134                |
|   |  | CITY - ST - ZIP          | 03/13/05 01003 007 **528.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           |                             |
|   |  | CITY - ST - ZIP          |                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           |                             |
|   |  | CITY - ST - ZIP          |                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS           |                             |
|   |  | CITY - ST - ZIP          |                             |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>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 Secy of LP 312-474-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE