

B93000000466

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(SUB ACCT.)

100002237371--5

DATE: 7-14

157.50

REQUESTER NAME: LEXIS DOCUMENT SERVICES

ADDRESS: P.O. BOX 2969
SPRINGFIELD, ILLINOIS 62708

RECEIVED
97 JUL 14 PM 1:42
DIVISION OF CORPORATIONS

CONTACT NAME: CYNTHIA WOODYARD (904) 877-7296

CORPORATION NAME: ZML-Westshore Center
Limited Partnership

AUTHORIZATION: C. Woodyard

☒ CERTIFIED COPY (1-9) 2 sets please
☐ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

FILED
97 JUL 14 PM 2:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

() CALL WHEN READY () CALL IF PROBLEM () AFTER 4:30
☒ WALK IN () WILL WAIT () PICK-UP
() MAIL OUT (IF APPLICABLE)

300-634-9738

BK 7/14/97

**CERTIFICATE OF AMENDMENT
TO
APPLICATION FOR REGISTRATION
OF**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 14 PM 2:12

ZML-Westshore Center Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

1. The name of the limited partnership is: EOP-Westshore Center Limited Partnership
2. ZML-Westshore Center, Inc. is withdrawn as the general partner of the limited partnership.
3. The new general partner of the limited partnership is:

EOP-Westshore Center GP, L.L.C., a Delaware limited liability company
2 N. Riverside Plaza
Chicago, IL 60606

ma7000 00845

EOP-Westshore Center GP, L.L.C., a Delaware limited liability company
By: EOP Operating Limited Partnership, a Delaware limited partnership, its GP
By: Equity Office Properties Trust, a Maryland real estate investment trust, its GP

By: [Signature]

(Signature of a General Partner) Ann M. Schneider, Asst. Secretary

EOP-Westshore Center GP, L.L.C.

(Typed or printed name of General Partner signing above)

STATE OF Illinois

COUNTY OF Cook

On this 11th day of July, 19 97, Ann M. Schneider personally
appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]

(Notary Public Signature)

ROSETTA L. HILL

(Notary's Printed Name)



Seal

My Commission Expires: