

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC 17 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B95000000445

HEITMAN/JMB INSTITUTIONAL REALTY ADVISORS, L.P.,  
LTD.



Mailing Address

% GAIL CAREY, HEITMAN, JMB ADVISORY CORP.  
180 N. LASALLE ST.  
CHICAGO IL 60601

Principal Office Address

180 N. LASALLE STREET  
SUITE 3400  
CHICAGO IL 60601

3. Date Formed or Registered

12/12/1995

5a. Capital Contributions as  
Shown on record

\$0.00

3a. Date of Last Report

02/03/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

-0-

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

IL

6. FCI Number

36-3590452

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

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 SOUTH 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.

City

FL

Zip Code

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)

HEITMAN/JMB INSTITUTIONAL RE

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

180 N. LASALLE STREET

11b. City, State & Zip Code

CHICAGO IL 60601

11c. Registration/  
Document Number

F97000004646

500002379965 - R  
-12/23/97-01018-015  
\*\*\*\*156.25 \*\*\*\*156.25

BK  
12/17/97

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

Gail Carey Vice President

Typed or Printed Name of General Partner Signing Form

Heitman/JMB Institutional Realty

DATE November 11, 1997

(312) 541-6767

Daytime Telephone Number

CP2E003 (6/97)