2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

| 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004 | | | | SECRETARY OF STATE BLYISION OF COMPORATIONS |
|--|---|--|--|--|
| DOCUMENT # B9500000445 1. Entity Name HEITMAN INSTITUTIONAL REALTY ADVISORS, L.P. | | | | DIVISION OF COMPORATIONS OL MAR 29 AM 8: 35 |
| | | | Consumation of the consumation o | OH HAIL 23 HIT G. 00 |
| Principal Place of Business 180 N. LASALLE STREET SUITE 3400 CHICAGO, IL 60601 | | Mailing Address % GAIL CAREY, HEITMAN, JMB ADVISORY CORP. 180 N. LASALLE ST. CHICAGO, IL 60601 | | |
| Principal Place of Business 191 N. Wacker Drive Suite, Apt. #, etc. | | 3. Mailing Address c/o Gail Carey Suite, Apt. #, etc. | | |
| Suite 2500 City & State | | 191 N. Wacker Dr., #2500 City & State | | 4. FEI Number Applied For |
| <u>Chica</u> Zip 60606 | go, Illinois Country USA | Chicago, Illi Zip 60606 | inois Country USA | 36-3590452 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | - 6. Name and Address of Current F | | | -7. Name and Address of New Registered Agent |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | s (P.O. Box Number is Not Acceptable) |
| 77.227.07.0 | 50EG, 1 E 02001 2525 | | 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 | | | | |
| 9. Capital Contributions as Shown on record. \$0.00 as Shown on record. \$0.00 | | | | |
| 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 13. | | | | ADDRESS CHANGES ONLY |
| DOCUMENT / NAME STREET ADDRESS | M9900000011 HEITMAN/JMB INSTITUTIONAL REALTY ADVISORS 180 N. LASALLE STREET | | | N. Wacker Dr., Suite 2500 |
| CITY-ST-ZIP | CHICAGO, IL 60601 | | STREET ADDRESS | ilcago, il 00000 |
| NAME STREET ADDRESS CITY+SI+ZIP | | | CITY-ST-ZIP | 600032280736 |
| DOCUMENT # NAME | | | STREET ADDRESS | 04/09/0401061001 **141.25 |
| STREET ADDRESS CITY-ST-ZIP | | | City-St-ZiP+ | |
| ODCUMENT # NAME STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP DOCUMENT # | | | CITY-ST-ZIP STREET ADDRESS | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | |
| DOCUMENT # | | | STREET ADDRESS | |
| STREET ADDRESS CITY ST-ZIP | positive that the information curvation with | this filling doop not quality for | CITY-ST-ZIP | Service 110 07/2/fi) Florida Statuta Africher geriffy they be information |
| 14 Nereby 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 employeed to be recute this report as required by Chapter 620, Florida Statutes Heitman Institutional Realty Advisors LLC, General Partner | | | | |
| SIGNATURE: 1 (Roger E. Smith, Manager 3/18/04 (312) 855-5700 | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER (Date Daylane Phone # | | | | |