


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---|-----|--|--|--|
| DOCUMENT # B95000000445 | | | |  | |
| 1. Entity Name HEITMAN INSTITUTIONAL REALTY ADVISORS, L.P. | | | | | |
| Principal Place of Business 191 N. WACKER DRIVE STE. 2500 CHICAGO, IL 60606 | | | Mailing Address % GAIL CAREY, HEITMAN, JMB ADVISORY CORP. 191 N. WACKER DR., #2500 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 36-3590452 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$0.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. \$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 # | M99000000011 | | STREET ADDRESS | | |
| NAME | HEITMAN/JMB INSTITUTIONAL REALTY ADVISORS | | CITY-ST-ZIP | | |
| STREET ADDRESS | 191 N. WACKER DR., STE. 2500 | | | | |
| CITY-ST-ZIP | CHICAGO, IL 60606 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| 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. | | | | | |
| Heitman Institutional Realty Advisors, LLC, General Partner | | | | | |
| SIGNATURE: <i>Roger E. Smith</i> | | | Roger E. Smith, Manager | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date: 4/4/05 | | |
| | | | Daytime Phone: 312-855-5700 | | |

STAPLE CHECK HERE