## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

D9300000445	DOCUMENT#	B95000000445
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1. Entity Name

**SUITE 3400** 

STREET ADDRESS

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



LTD. Principal Place of Business 180 N. LASALLE STREET



Mailing Address % GAIL CAREY, HEITMAN. JMB ADVISORY CORP. 180 N. LASALLE ST. CHICAGO II ROROI

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS										
03 FEB 11	PM 1: 33									



CHICAGO IL 60601 CHICAGO IL 60601			'	) 						
2. Principal	incipal Place of Business 3. Mailing Address									
	Suite, Apt. #, etc. Suite, Apt. #, etc.			•		DUE BY MAY 1, 2003				·····
City & Sta	City & State City & State					00 0030402			Applied For Not Applicable	
Zip ————		Country	Zip	Coun	ntry	5. Certificate of	of Status Desired S8.75 Additional Fee Required			
<del></del>	6. Name	and Address of Currer	nt Registered Agent			7. Name and	Address of New Reg			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			· <del>-</del>	Name Street Address (P.O. Box Number is Not Acceptable)						
TALLAHA	SSEE FL 32	301-2525					<u> </u>	<del>.</del>	· <u>·</u>	1
•					City		<del>-</del>	FL	Zip Co	 de
8. The above the obligation SIGNATURE	-	submits this statement fired agent.	or the purpose of changi	ng its registere	ed office or regist	tered agent, or both,	in the State of Florida	a. I am far	niliar with	, and accept
	Signature, typed o	r printed name of registered agen	t and title if applicable.			<del></del> :		DATÉ		
	spital Contributions Shown on record.  \$0.00  10. Amount of Capital Contribution in FLORIDA to date.				\$0.0		11. MAKE CHECK PA SEE REVERSE S	AYABLE TO	FL. DEP	T. OF STATE
	A G NOTE:	Goneral Faturers M	THAT IS A BUSINESS AY NOT be changed o	S ENTITY MI on the form;	UST BE REGIS	STERED AND AC	TIVE WELLTING			
12.		GENERAL PARTNE	R INFORMATION	13,	ADDRESS CHANGES ONLY					
DOCUMENT # NAME STREET ADDRESS	M99000000011 HEITMAN/JMB INSTITUTIONAL REALTY ADVISORS 180 N. LASALLE STREET		STREE	ET ADDRESS						
CITY-ST-ZIP	CHICAGO IL 60601			CITY-	ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP		<u> </u>		CITY-S	ST-ZIP	02/11/0	<del>901230</del> 3010250	04 **	141.2	25
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OCUMENT #	•			STREET	ADDRESS					

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

CITY-ST-ZIP

Heitman/JMB Institutional Realty Advisors LLC, General Partner

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

2/6/03