

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 14 AM 10:49 12/17	
1. Name of Limited Partnership		1a. DOCUMENT # B97000000316			
EOP OPERATING LIMITED PARTNERSHIP					
Mailing Address C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #1600 CHICAGO IL 60606		Principal Office Address C/O PRENTICE HALL 1013 CENTRE ROAD WILMINGTON DE 19805-1297		3. Date Formed or Registered 06/19/1997	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	
City & State		City & State		5a. Capital Contributions as Shown on record. \$137,158,518.00	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date: \$109,341,296	
				6. FEI Number 36-4156801 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
EQUITY OFFICE PROPERTIES TRU		2 N. RIVERSIDE PLAZA		CHICAGO IL 60606	
				11c. Registration/Document Number G97170900010	
				8000002716188--6 -12/18/98--01076--008 *****526.25 *****526.25	
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		Robin Mariella, Asst. Secy. of Equity Office Properties Trust, GP		DATE 12/4/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number		312-466-3646	

CR2E003 (8/98)