

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



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

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
**1998**

**FILED**  
 98 FEB 20 PM 12:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> B9700000641
LASALLE LCS ORLANDO 97 LIMITED PARTNERSHIP	

<b>Mailing Address</b>	<b>Principal Office Address</b>
200 E. Randolph Suite 4322 Chicago, IL 60601	200 E. Randolph Suite 4322 Chicago, IL 60601
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3. Date Formed or Registered</b> 11/25/97	<b>5a. Capital Contributions as Shown on record</b> \$1,485,000.00
<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date</b> \$1,485,000.00
<b>4. State or Country of Formation</b> Illinois	<b>6. FEI Number</b> 36-4181768 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>

**9. Name and Address of Current Registered Agent**

C T Corporation System  
 1200 South Pine Island Road  
 Plantation, Florida 33324

**10. If changed, new Registered Agent/Office**

Name: 100002442021--7  
 -02/27/98--01002--021  
 Street Address (P.O. Box Number Is Not Acceptable): \*\*\*\*437.50 \*\*\*\*\*88.75  
 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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
LaSalle LCS Orlando 97, Inc.	200 East Randolph Dr. Suite 4322	Chicago, IL 60601	F97000006328
			100002442021--7 -02/27/98--01002--020 *****88.75 *****88.75

437.50 88.75 acc

**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 Robert K. Hagan DATE 12/23/97  
 Robert K. Hagan, Vice President and Assistant Secretary (312) 782-5800  
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (6/97)