

2000 UNIFORM BUSINESS REPORT (UBR)

ACCEPTED
FILED

JK16178 AF

DOCUMENT # B97000000641
 1. Entity Name
LASALLE LCS ORLANDO 97 LIMITED PARTNERSHIP

Check # 060121

00 MAR 20 PM 12:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **200 EAST RANDOLPH, SUITE 4322 CHICAGO IL 60601**
 Mailing Address: **200 EAST RANDOLPH, SUITE 4322 CHICAGO IL 60601-6436**

Handwritten initials



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip -Country

4. FEI Number **36-4181768**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.
 SIGNATURE *N/A*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,485,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **1,318,731.00**
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. # 526.25
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F97000006328 LASALLE LCS ORLANDO 97, INC. 200 EAST RANDOLPH, SUITE 4322 CHICAGO IL 60601
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	2000003197442--9 -04/05/00--01106--001 ***1052.50 ****526.25
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CR2E003 (9/99)

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.

ROBERT K. HAGAN - VICE PRESIDENT OF LASALLE LCS ORLANDO 97, INC.
 SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **1/13/00** Daytime Phone #: **32-228-2050**