2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000641

1. Entity Name

LASALLE LCS ORLANDO 97 LIMITED PARTNERSHIP

Principal Place of Business
200 EAST RANDOLPH. SUITE 4322
CHICAGO IL 60601

Mailing Address
200 EAST RANDOLPH. SUITE 4322
CHICAGO IL 60601

FILED
01 APR 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 36-4181768 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____
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. -0-

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.
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 #	F97000006328	STREET ADDRESS	
NAME	LASALLE LCS ORLANDO 97, INC.	CITY-ST-ZIP	
STREET ADDRESS	200 EAST RANDOLPH, SUITE 4322		
CITY-ST-ZIP	CHICAGO IL 60601		
DOCUMENT #		STREET ADDRESS	100004014561--6
NAME		CITY-ST-ZIP	-04/18/01--01008--010 ****141.25 ****141.25
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STREET ADDRESS			
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.

ROBERT K. HAGAN VICE PRESIDENT OF LASALLE LCS ORLANDO 97, INC.

SIGNATURE: _____ ROBERT K. HAGAN 3/12/01 (312) 228-2349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)

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