## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SHECK.

STAPLE

SIGNATURE:

## Apr 09, 2004 08:00 AM Secretary of State **DOCUMENT # B98000000204** LASÁLLE ORLANDO SOUTHWEST, L.P. Principal Place of Business Mailing Address C/O JONES LANG LASALLE AMERICAS, INC. C/O JONES LANG LASALLE AMERICAS, INC. 200 E. RANDOLPH DR., 72ND FL. 200 E. RANDOLPH DR., 72ND FL. CHICAGO, IL 60601 CHICAGO, IL 60601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 36-4219743 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,485,000.00 in FLORIDA to date. as Shown on record. - 0 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F98000001926 DOCUMENT # STREET ADDRESS LASALLE ORLANDO SOUTHWEST, INC. NAME 200 EAST RANDOLPH, SUITE 4322 STREET ADDRESS U00000114575 CITY-ST-ZIP CITY-\$1-78 CHICAGO, IL 60601 04/15/04-80056-004 141.25 BOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - 53 - 73P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP

14. Thereby 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

3/31/01

312-228-2778

**FILED**