2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B9800000204 **DOCUMENT #**

1. Entity Name
LASALLE ORLANDO SOUTHWEST, L.P.



03 APR 30 AH 11: 06 SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED

A LONDING THE RELEGIOUS LEVEL MORNI CONTRACTOR DOWN COURS DAVIS COURS CONTRACTOR TO SERVICE CONTRACTOR CONTRAC

Principal Place of Business C/O HAGAN & ASSOCIATES//ATTN: MIA DELGADO 200 EAST RANDOLPH. SUITE 4322 CHICAGO IL 60601

Mailing Address C/O HAGAN & ASSOCIATES//ATTN: MIA DELGADO 200 EAST RANDOLPH. SUITE 4322 CHICAGO IL 60601

Lang LaSa Suite, Apt. #	ndolph Dr., 72nd Fl	3. Mailing Address C/o Jones Lang LaSalle Americas, Inc. Suite, Apt. #, etc. 200 E. Randolph Dr., 72nd F1. City & State Chicago, IL Zip Country		4. FEI Number 36-42 19743 Applied For Not Applicable				
60601	U.S.A.	60601	U.S	S.A.			Fee Re	
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				
the obligation	amed entity submits this statement for ns of registered agent.		s registered	d office or registe	red agent, or bot	n, in the State of Florida	. I am familiar	with, and accept
9. Capital Cont as Shown or	ributions \$1,485,000.00	10. Amount of Capit	10. Amount of Capital Contributions in FLORIDA to date.			11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER NOTE: General Partners MA							
12.	GENERAL PARTNER INFORMATION					ADDRESS CHANG	ES ONLY	
NAME STREET ADDRESS	LASALLE ORLANDO SOUTHWEST, INC. 200 EAST RANDOLPH, SUITE 4322		STREET CITY-S	T ADDRESS	44/30/03=-01 075 -023 **141.25			
DOCUMENT # NAME STREET ADDRESS				ADDRESS		1901 ('50') 1030107502		25
CITY-ST-ZIP			CITY-S	ST-ZIP		v		

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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

SIGNATURE:

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ILIPE REQUIRJames S. Jasionowski

4/23/03

(312) 228-2778

Daytime Phone #