FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
B98000000521

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 12 PM 2:48

1. Name of Limited Partnership

1a. DOCUMENT # B98000000521

FBEC – Cypress Financial Center, L.P.

Mailing Address	Principal Office Address
200 E. Randolph Drive Suite 4300 Chicago, IL 60601	200 E. Randolph Drive Suite 4300 Chicago, IL 60601

3. Date Formed or Registered: August 20, 1998

3a. Date of Last Report: N/A

4. State or Country of Formation: Delaware

5a. Capital Contributions as Shown on record.: 0.00

5b. Amount of Capital Contributions in FLORIDA to date: $0.00

6. FEI Number ☐ Applied For ☐ Not Applicable

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

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
CT Corporation System 1200 South Pine Island Rd. Plantation, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) 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.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Cypress Financial Center – FBEC, L.L.C.	200 E. Randolph Dr. Suite 4300	Chicago, IL 60601	52-2115599 m98000005915

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BH
1/12/99

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 Sanford M. Villesvik 1/11/99 DATE 12/15/98

Sanford M. Villesvik, Vice President of Florida Office Property Company, Inc., Member of Cypress Financial Center – FBEC, L.L.C.

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number