DOCUMENT # B9800000521 1. Entity Name						RILED). 		/
FBEC -		: 0;	-	APR 23 AM	9:46	').	. K		
Principal Place of Business 200 EAST RANDOLPH DRIVE. SUITE 4300 CHICAGO IL 60601 Mailing Address 200 EAST RANDOLPH DRIVE CHICAGO IL 60601 CHICAGO IL 60601			ve. sui	T#		AHASSEE, FI	LORIDA		
Principal Place of Business 3. Mailing Address					\dashv				
Suite, Apt. #, etc. Suite, Apt. #, etc.			,			DUE BY MAY 1, 2002			
City & Stat	te	City & State	City & State			4. FEI Number	52-2115608		Applied For Not Applicable
Zip	Country	Country Zip Co		ntry		5. Certificate of S	tatus Desired		8.75 Additional e Required
	6. Name and Address of Curren	t Registered Agent		Name		7. Name and Add	dress of New Re	gistered Ag	ent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					/0	O Carl North and	NI-4 A		
				Street Addres	Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324									
				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.									
9. Capital Contributions as Shown on record. \$13,055,230.00 10. Amount of Capital Contributions in FLORIDA to date, \$20,000									
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.	13.	~ 1			ADDRESS CHAI				
DOCUMENT # NAME	CYPRESS FINANCIAL CENTER- FBEC LLC			ET ADDRESS		_			
STREET ADDRESS CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, S CHICAGO IL 60601	SUITE 4300	CITY	-ST-ZIP		3	K		
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STREET ADDRESS CKY-ST-ZIP			CITY	-ST-ZIP					
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DOCUMENT # NAME			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				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 empowerer to execute this report as equired by Chapter 620, Florida Statutes VICE PRESIDENT OF FLORIDA COMPANY, INC. GENERAL PARTNER OF CYPRESS FINANCIAL PARTNER OF SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE Date Dayline Phone #									