APPROVED

00 MAY -4 PM 12: 09

AND

		· 			SECRETARY	OF STATE		
Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK IL 60523			Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK IL 60523-1106		TÄLLAHASSEI	E.FLORIDA	A.	
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		1	4. FEI Number Applied For 36 – 4299156 Not Applica			plied For Applicable
Zìp Country		Zip	Country	5. Certificate of Status Desired			\$5.00 Additional Fee Required	
	6. Name and Address of	f Current Registered Agent	Nama	7. Name and Address of New Registered Agent				
0.7.000	ODATION OVETEN		Name	Name				
	PORATION SYSTEM JTH PINE ISLAND ROAD		Street Addre		ss (P.O. Box Number is Not Acceptable)			
	ON FL 33324							
. •			City			FL	Zip Code	
	- I de la company	atement for the purpose of changing its		r registered coost	or both in the State of El		·	`
SIGNATURE .	Signature, typed or printed name of regi			ture required when reinstati		DATE		
		FILE N	OW!!! FEE IS : yable to Depart					
9. MANAGING MEMBERS/		IG MEMBERS/MEMBERS	10.		ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INLAND RETAIL REAL ESTATE LIMITED PARTNERS 2901 BUTTERFIELD ROAD OAK BROOK IL 60523				30000] Change 	— -4 020
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delisto	TITLE NAME STREET ADDRESS CITY- 8T- ZIP		· · · · · · · · · · · · · · · · · · ·	≭50.00 _	Thange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delata	TITLE NAME STREET ADDRESS GITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE		☐ Delete	TITLE				Change	Addition

2000 UNIFORM BUSINESS REPORT (UBR)

L99000001976

DOCUMENT #

INLAND LAKE WALDEN G.P., L.L.C.

1. Entity Name

STREET ADDRESS

CITY-87-ZIP

CITY-ST-ZIP

TIFLE

NAME STREET ADDRESS

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Thus Reflection 19.07(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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Thus Reflection 19.07(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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Thus Reflection 19.07(3)(i), Florida Statutes is further certify that the information indicated in Section 19.07(3)(i), Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-8T-ZIP

CITY- ST- ZIP

TITLE

RAME

#630/218-8000 SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

☐ Delete

Daytime Phone #

Change

Addition