**APPROVED** 

## 2000 UNIFORM BUSINESS REPORT (UBR)

## L99000005263 DOCUMENT # 1. Entity Name 60 MAY - 3 PH 12: 42 INLAND LAKE OLYMPIA G.P., L.L.C. SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2901 BUTTERFIELD ROAD 2901 BUTTERFIELD ROAD OAK BROOK IL 60523 OAK BROOK IL 60523-1106 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 36-4313103 Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition Change TITLE MGRM ☐ Defets TITLE NAME MAME INLAND RETAIL REAL ESTATE LP STREET ADDRESS 2901 BUTTERFIELD ROAD STREET ADDRESS CITY-ST-ZIP OAK BROOK IL 60523 CITY-ST-ZIP 000003268**900** -05/26/00--01088--002 ☐ Deleta TITLE NAME NAME \*\*\*\*\*50.00 \*\*\*\*50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIF Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-ST-ZIP Change ☐ AddItion .... Dedete TITLE TITLE MANE RAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Chang ☐ Addition TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP OTTY-ST-ZIP ☐ Changa Addition hrue ☐ Delete TITLE MAME Links STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 11. 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.

TRUST, INC., general partner

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