

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008507**

1. Entity Name

LASALLE MIRAMAR FLEX #3, L.L.C.

Principal Place of Business

**200 E. RANDOLPH DRIVE
CHICAGO IL 60601**

Mailing Address

**200 E. RANDOLPH DRIVE
CHICAGO IL 60601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4160750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JONES LANG LASALLE CO., INVESTMENT
200 E RANDOLPH
CHICAGO IL 60601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100003924361--2
-03/28/01--01094--003
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
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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.

VICE PRESIDENT OF JONES LANG LASALLE CO-INVESTMENT, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ROBERT K. HOGAN

3/12/01

Date

Daytime Phone #

(312) 228-2050

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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