

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 19 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008508

1. Entity Name
LASALLE MIRAMAR OFFICE I, L.L.C.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

200 E. Randolph Dr. 200 E. Randolph Dr.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Chicago, IL. Chicago, IL.

Zip Zip
60601 60601

Country Country
U.S.A. U.S.A.

DO NOT WRITE IN THIS SPACE

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**

Name CT CORPORATION System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation FL Zip Code 33324

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 n/a 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	MANAGING MEMBER/SALE MEMBER JONES LANG LASALLE CO-INVESTMENT 200 E. Randolph Chicago, IL. 60601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

By: ROBERT K. HAGAN VICE PRESIDENT OF JONES LANG LASALLE CO-INVESTMENT, INC. SALE MEMBER OF LASALLE MIRAMAR OFFICE I, L.L.C.

SIGNATURE: Robert K. Hagan **DATE** 3-2-00 **Daytime Phone #** 32-228-2050

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

CR2E083 (11/99)