

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001082

Entity Name: BEL-EQR I, L.L.C.

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

TWO NORTH RIVERSIDE PLAZA, STE. 400
ATTN: BARBARA SHURMAN
CHICAGO, IL 60606

New Mailing Address:

TWO NORTH RIVERSIDE PLAZA, STE. 400
CHICAGO, IL 60606

FEI Number: 36-4371859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: AS () Delete
Name: SHUMAN, BARBARA
Address: TWO N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: AS () Delete
Name: BEIHOFFER, DENISE
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: V () Delete
Name: STROHM, BRUCE
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: AS () Delete
Name: DUWE, YASMINA
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: AS () Delete
Name: FIFFER, JAMES
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: P () Delete
Name: NEITHERCUT, DAVID J
Address: TWO NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES:

Title: AS (X) Change () Addition
Name: LAPELLE, MICHELLE
Address: TWO N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: MICHELLE LAPELLE

AS

05/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date