

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002281

FILED
Jul 06, 2005
Secretary of State

Entity Name: BEL-EQR III L.L.C.

Current Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606

New Principal Place of Business:

Current Mailing Address:

TWO N. RIVERSIDE PLAZA, STE. 400
ATTN: L. CURRIE
CHICAGO, IL 60606

New Mailing Address:

FEI Number: 36-4398262 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:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

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 NORTH RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: AS () Delete
Name: BAGINSKI, WENDY
Address: TWO NORTH 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: 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

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
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 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 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: BARBARA SHUMAN

AS

07/06/2005

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