

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002281

FILED  
Jan 23, 2008  
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  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 36-4398262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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: LAPELLE, MICHELLE  
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 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

MS

01/23/2008

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