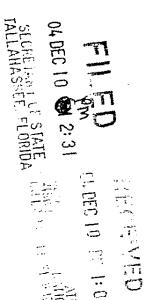
M02000002999

(Requestor's Name)
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(Business Entity Name)
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800043199378





ACCOUNT NO. : 072100000032

REFERENCE: 069544 7122203

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 8, 2004

ORDER TIME : 11:26 AM

ORDER NO. : 069544-410

CUSTOMER NO: 7122203

CUSTOMER: Ms. Bernie Wertheimer

Jones Lang Lasalle 200 East Randolph

Chicago, IL 60601

CHANGE OF AGENT

NAME: JONES LANG LASALLE OPERATIONS.

L.L.C. ...

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability company is:	JONES LANG	: LASALLE OPERA	TIONS, L.L.C.	
2. The mailing address of	the limited liability co	mpany is :			
200 E. Randolph, Chic	ago, IL 60601				
November 13, 2002		•	M02000002999		
3. Date of filing/registration	on in Florida	4	 Document num 	ber	
5. The name of the register Florida Department of S		tered office a	ddress as shown o	n the records of the	
	C T Corp	oration Sys	stem	87	
		Name		37	
1200 South Pine Island Road					
Address					
Plantation, FL 33324 $\frac{OP}{2}$ $\frac{\omega}{\omega}$					
City, State and Zip					
C The many and address.	•	•		•	
6. The name and address of	or the new registered ag	gent and/or of	nce:		
	Corporation	Service C	ompany		
		Vame			
		ays Street			
-	Florida street address		OT acceptable)		
	Tallahassee	FL	32301		
	City, S	tate and Zip			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	tange or changes are mathe registered agent will eby confirmed that the I liability company or a fathe limited liability confirmed that the limited liability confirmed the liability confirme	ade, the Flori Il be identical change(s) wa as otherwise p ompany.	da street address o Or, in the case o s/were authorized	of the registered office of a Florida limited by an affirmative vote of	
(Signature of a member or authorize	zed representative of a member	r)			
Maureen Cullen, Attor	ney in Fact				
(Printed or typed name of signee)		_			
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as sof all statutes relative if accept the obligations his document is being fithat the limited liability	gent and agre to the prope s of my positi- iled to merely y company ho	e to act in this cap r and complete pe on as registered a reflect a change us been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent) J	\$				
\ / / Division	n of Cornorations. P.C	D. Rox 6327.	Tallahassee, FL	32314	

FILING FEE: \$25.00