2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M02000002999				FILED Aug 25, 2003 8:00 am Secretary of State	
1. Entity Nan				08-25-2003 90040 013 ****50.00	
Principal Plac 200 E. RANDOI CHICAGO IL 60		Mailing Address 200 E. RANDOLPH CHICAGO IL 60601		T TODIOGII BIL ADIIA TIBIL DEIIL EDIIL BENIK BENIK BENIK BENIK BENIK BENIK BENIK BENIK IDIIA IDIIA IDIIA IDIIA	1 ((i (i
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Stat	te	City & State		4. FEI Number 36-3687767 Applie	ed For
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Addition Fee Required	<u> </u>
	6. Name and Address of Cur	rrent Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Name Street Add	dress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324				
•	;		City	FL Zip Code	
the obligat	tions of registered agent.			egistered agent, or both, in the State of Florida. I am familiar with, and	accept
8. The above the obligat SIGNATURE	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered	agent and title if applicable. (NO FILE N Make Check Paya	ts registered office or re OTÉ: Registered Agent signature r NOW!!! FEE IS \$50 ble to Florida Depar by September 24, 20	egistered agent, or both, in the State of Florida. I am familiar with, and required when reinstating) DATE D.00 Introduction of State	accept
the obligat	tions of registered agent. Signature, typed or printed name of registered MANAGING ME	agent and title if applicable. (NO FILE N Make Check Payal Due B	OTE: Registered Agent signature of NOW!!! FEE IS \$50 ble to Florida Departy September 24, 20	required when reinstating) DATE D.00 Introduction of State DATE ADDITIONS/CHANGES	
the obligat	Signature, typed or printed name of registered MANAGING ME MGRM JONES LAND LASALLE AME 200 E. RANDOLPH	agent and title if applicable. (NC FILE N Make Check Payar Due B	OTÉ: Registered Agent signature n NOW!!! FEE IS \$50 ble to Florida Depar By September 24, 20	required when reinstating) DATE D.00 Introduction of State DATE ADDITIONS/CHANGES	accept
the obligat SIGNATURE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered MANAGING ME MGRM JONES LAND LASALLE AME	agent and title if applicable. (NC FILE N Make Check Payar Due B	OTÉ: Registered Agent signature r NOW!!! FEE IS \$50 ble to Florida Depar By September 24, 20 10. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of Florida. I am familiar with, and required when reinstating) DATE DO.00 Intriment of State DO.30 ADDITIONS/CHANGES	
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FF REQUIRED Jasionowski

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

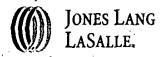
8-14-03

Date

(312) 228-2778

Daytime Phone #

attachment



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200 East Randolph Drive Chicago Illinois 60601 tel +1 3127825800 fax +1 3127824339

August 20, 2003

Limited Liability Company Division of Corporations P.O. Box 6478 Tallahassee, FL 32314-6478

Re: Jones Lang LaSalle Operations, L.L.C.

FEIN 36-3687767

Dear Sir:

Enclosed please find the 2003 Limited Liability Company Uniform Business Report filed on behalf of the above-named corporation. Also enclosed is a \$50.00 check in the payment of the amount due.

If you have any questions, I may be contacted at phone number (312) 228-2607.

Very truly yours,

Barry Libkin

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Enclosures

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