

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90040 013 \*\*\*\*\*50.00

**DOCUMENT # M02000002999**

1. Entity Name

**JONES LANG LASALLE OPERATIONS, L.L.C.**



Principal Place of Business

**200 E. RANDOLPH  
CHICAGO IL 60601**

Mailing Address

**200 E. RANDOLPH  
CHICAGO IL 60601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3687767**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JONES LANG LASALLE AMERICAS (ILLINOIS), LP 200 E. RANDOLPH CHICAGO IL 60601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** *[Signature]* **SIGNATURE REQUIRED** James Jasionowski

8-14-03

(312) 228-2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)

attachment

90152438

#M02P00002999



JONES LANG  
LASALLE

200 East Randolph Drive Chicago Illinois 60601  
tel +1 312 782 5800 fax +1 312 782 4339

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,

A handwritten signature in cursive script, appearing to read "Barry Libkin".

Barry Libkin  
Tax Manager

ta

Enclosures