


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 17, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M05000003311</b>	
1. Entity Name TRIZEC REALTY, LLC	
	
Principal Place of Business 10 SOUTH RIVERSIDE PLAZA, SUITE 1100 CHICAGO, IL 60606	Mailing Address 10 SOUTH RIVERSIDE PLAZA, SUITE 1100 CHICAGO, IL 60606



05042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1941772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLERAN, MICHAEL C 10 SOUTH RIVERSIDE PLAZA, SUITE 1100 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JADWIN, TED R 10 SOUTH RIVERSIDE PLAZA, SUITE 1100 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRESHAM, WILLIAM R.C. 10 SOUTH RIVERSIDE PLAZA, SUITE 1100 CHICAGO, IL 60606
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U000000565176  
05/20/06-80115-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

Robert M. Jambois, Vice President

5/5/06

312-798-6000

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

Date

Daytime Phone #