

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000805

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** FL-1200 CORPORATE OFFICE, L.L.C.

**Current Principal Place of Business:**

2 NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

**New Principal Place of Business:**

2 NORTH RIVERSIDE PLAZA  
#2100  
CHICAGO, IL 60606

**Current Mailing Address:**

C/O PAMELA A. STRINGER  
2 N. RIVERSIDE PLAZA  
CHICAGO, IL 60606

**New Mailing Address:**

C/O ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA, #2100  
CHICAGO, IL 60606

**FEI Number:** 20-4892727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: EQUITY OFFICE MANAGEMENT, L.L.C.  
Address: 2 NORTH RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EOP OPERATING LIMITED PARTNERSHIP  
Address: 2 NORTH RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

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:** ANN SCHNEIDER, ASST. SECY OF GP OF MGRM

MGRM

04/22/2009

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