


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 10 AM 9:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000199**

EQUITY OFFICE HOLDINGS, L.L.C., L.C.
C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLACE, #1515
CHICAGO IL 60606

1a. Principal Place of Business Address

C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLACE, #1515
CHICAGO IL 60606

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/03/1995	DE
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		36-4025968	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				03/04/1996	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM,
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROSENBERG, SHELLA E. TRU	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606-0119
MGR	ZELL, SAMUEL	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606-0119
MGR	ELLIS, SYBIL	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606-0119
MGR	CROCKER, DOUGLAS II	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606-0119
MGR	STEELE, MICHAEL	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606-0119
MGR	CALLAHAN, TIM	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606-0119
MGR	Stevens, Stanley M.	2 N. Riverside Plaza	Chicago, IL 60606-0119
MGR	Liebentritt, Donald J.	2 N. Riverside Plaza	Chicago, IL 60606-0119
MGR	Richard Kincaid	2 N. Riverside Plaza	Chicago, IL 60606-0119
MGR	ZFT Partnership	2 N. Riverside Plaza	Chicago, IL 60606-0119

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 

Donald J. Liebentritt
Manager

4/4/97 312-466-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #