

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 APR 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 # M95000000207

EQUITY OFFICE PROPERTIES, L.L.C., L.C.
C/O ANN M. SCHNEIDER
2 NORTH RIVERSIDE PLAZA, #1515
CHICAGO IL 60606

1a. Principal Place of Business Address

C/O ANN M. SCHNEIDER
2 NORTH RIVERSIDE PLAZA, #151
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

07/03/1995

DE

4. FEI Number

☐ Applied For

☐ Not Applicable

36-4025971

5. Date of Last Report

6. Certificate of Status Desired

03/04/1996

☐ Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM,
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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.

100002142941--9

-04/14/97--01190--011

DATE: 04/14/97 ***203.75 ***203.75

SIGNATURE

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

40. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROSENBERG, SHELL E TRU	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	WHEELER, VAL	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	ELLIS, GAIL	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	CROCKER, DOUGLAS II	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	STEELE, MICHAEL	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	CALLAHAN, TIM	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	Zell, Samuel	2 N. Riverside Plaza	Chicago, IL
MGR	Stevens, Stanley M.	2 N. Riverside Plaza	Chicago, IL
MGR	Liebentritt, Donald	2 N. Riverside Plaza	Chicago, IL
MGR	Kincaid, Richard	2 N. Riverside Plaza	Chicago, IL
MGR	ZFT Partnership	2 N. Riverside Plaza	Chicago, IL

NSP
4/11/97

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

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 #