


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

**APPROVED
AND
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1997 APR 10 AM 9:18

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
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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

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

1a. Principal Place of Business Address

C/O ANN M. SCHNEIDER
2 NORTH RIVERSIDE PLAZA, #151
CHICAGO IL 60606

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	Country	36-4025971	6. Date of Last Report
			03/04/1996
			6. Certificate of Status Desired <input type="checkbox"/> Sec 75 Additional Fee Required

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 _____ 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.

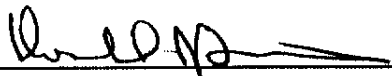
SIGNATURE _____ DATE **100002142941--9**
-04/14/97--01190--011
*****203.75 ***203.75**

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

40. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROSENBERG, SHELL E, TRV	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	MEDLER, VAL	2 N. RIVERSIDE PLAZA	CHICAGO IL
MGR	ELLIS, SYBIL	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
Manager Date **4/4/97** 312-466-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #