


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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS		<b>APPROVED AND FILED</b>  <b>1997 APR 10 AM 9:19</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE</b> <b>\$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>ZML/NON-MANAGER IV, L.L.C.</b> <b>C/O ANN M. SCHNEIDER</b> <b>2 N. RIVERSIDE PLAZA, #1515</b> <b>CHICAGO IL 60606</b>		<b>DOCUMENT #M96000000350</b>  <b>1a. Principal Place of Business Address</b>  <b>C/O ANN M. SCHNEIDER</b> <b>2 N. RIVERSIDE PLAZA, #1515</b> <b>CHICAGO IL 60606</b>			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Organized or Qualified</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/16/1996	
City & State		City & State		<b>4. FEI Number</b>  36-4102410	
Zip		Country		<b>5. Date of Last Report</b>	
				<b>3a. State of Formation</b>  DE	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> SR 75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				<b>8. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGRM	ZELL/MERRILL LYNCH R, 2	N. RIVERSIDE DRIVE		CHICAGO IL	
				400002142944--0 -04/14/97--01190--012 ****203.75 ****203.75	
				4/4/97 312-466-3607	
<b>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. Ann M. Schneider, Secy. of Zell/Merrill IV, Inc., the GP of ZM Investors Limited Partnership IV, the GP of ZML Partners Limited Partnership IV, the GP of Zell/Merrill Lynch Real Estate Opportunity Partners LP IV</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					