File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA SECRETARY OF STATE TALLAHASSEE FLORIDA SECRETARY OF STATE TALLAHASSEE FLORIDA 1a. Principal Place of Business C/O ANN M. SCINETIDER 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606 2. Principal Place of Business 2a. Mailing Address 2a. Mailing Address 2a. Mailing Address 2b. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/16/1996 DE Applied For Applied For Applied For Not Applied For To Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Name Street Address (P.O. Box Number in Not Acceptable) 1a. Principal Place of Business C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL Name 1a. Principal Place of Street Address (P.O. Box Number in Not Acceptable) The Date of Late Report 5. Name and Address of New Registered Agent/Orlice Name CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Street Address (P.O. Box Number in Not Acceptable) Street Address (P.O. Box Number in	FILING			100.00 + \$88.75]	98 APR	22 PM 2:55
ZML/NON-MANAGER IV, L.L.C. C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606 2 Principal Place of Business Za. Mailing Address	\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							-[
C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #1515 CHICAGO IL 60606 2 Principal Place of Business 2a. Mailing Address 3. Dete Organized or Quellified 3a. State of Formation O9/16/1996 DE Applied For Oily & State City & State City & State Country 2p Country T. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1201 HAYS STREET TAILLAHASSEE FL 32301 8. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statutement for the purpose of changing its registered dignor, and accept the obligations. Signature OA/10/10/1997								1a. Principal Pla	ce of Business	Address
Sulie, Apt. #, etc. Sulie, Apt. #, etc. Sulie, Apt. #, otc.	C/O ANN M. SCHNEIDER 2 N. RIVERSIDE PLAZA, #1515							2 N. RIVERSIDE PLAZA, #1515		
City & State Country Country Country Country Country To Name and Address of Current Registered Agent Registered Agent Country To Name and Address of Current Registered Agent Rame CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. City Cit	2. Principa	al Place of E	Business	2a. Mai	ling Address	ing Address			ed or Qualified	3a. State of Formation
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Solution					Cono, Apr. W. Dic.			4. FEI Number		Applied For
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. Old/23/38 - 01106 - 013 City ***********************************	City & Stat	18	·	City & S	City & State			30 4102410		
7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Sireet Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.	Zip	· <u></u>	Country	Zip		Countr	у	5. Date of Last R	leport	
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Sulfo, Apt. #, etc. -04/23/38 -01006003 *****188.75 To Code 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 list registered agent, and accept the obligations. SIGNATURE (Registered Agent Acceptable) The Managing Members Managers NOTI Registered Agent Acceptable) To Title Managing Members Managers NOTI Registered Agent Acceptable) Sireet Address (P.O. Box Number is Not Acceptable) Sulfo, Apt. #, etc. -04/23/3801006003 ******188.75 -04/23/3801006003 ******188.75 To Code The 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 list registered agent, and accept the obligations. SIGNATURE (Registered Agent Acceptable) DATE DATE DATE The Managing Members Managers City, State and Zip Code MGRM EOP OPERATING LIMITE, 2 N. RIVERSIDE PLAZA, #151 CHICAGO IL				Oursent Basista	J & 4		· -			
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Suite, Apt. #, etc. -0.4/23/98 -0.1006 -0.03 ******188.75 City -0.4/23/98 -0.1006 -0.03 *****188.75 City -0.4/23/98 -0.1006 -0.03 *****188.75 City -0.4/23/98 -0.1006 -0.03 *****188.75 -0.4/23/98 -0.1006 -0.03 *****188.75 -0.4/23/98 -0.1006 -0.03 *****188.75 City -0.4/23/98 -0.1006 -0.03 *****188.75 -0.4/23/98 -0.1006 -0.03 ******188.75 -0.4/23/98 -0.1006 -0.03 ******188.75 -0.4/23/98 -0.1006 -0.03 ******188.75 -0.4/23/98 -0.1006 -0.03 ******188.75 -0.4/23/98 -0.1006 -0.03 ******188.75 -0.4/23/98 -0.1006 -0.03 ******188.75 -0.4/23/98 -0.1006 -0.03 ******188.75 -0.4/23/98 -0.1006 -0.03 *******188.75 -0.4/23/98 -0.1006 -0.03 *******188.75 -0.4/23/98 -0.1006 -0.03 *******188.75 -0.4/23/98 -0.1006 -0.03 *******188.75 -0.4/23/98 -0.1006 -0.03 *******188.75 -0.4/23/98 -0.1006 -0.03 ********188.75 -0.4/23/98 -0.1006 -0.03 ********188.75 -0.4/23/98 -0.1006 -0.03 **********************************		7. Na	me and Address of	Current Hegistered	3 Agent			Name and Address	of New Regis	tered Agent/Office
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 (Registered Agent	1201 HAYS STREET TALLAHASSEE FL 32301						Suite, Apt. #, etc. 80002504288 0 -04/29/3801006003 ****188.75 ****183.75 City FL			
MGRM EOP OPERATING LIMITE, 2 N. RIVERSIDE PLAZA, #151 CHICAGO IL	its register as register	ed office or r red ag ent, a	registered agent, or b and accept the obliga	oth, in the State of Flo dions.	orida. Such chai	nge was au	uthorized by affirma	tive vote of a majorit	y of the member	s. I hereby accept the appointment
MGRM EOP OPERATING LIMITE, 2 N. RIVERSIDE PLAZA, #151 CHICAGO IL	I		(Registered Agen	1 Accepting Appointment) (NOTE Registered A	igent signature	required when reinstating))		
	10. Title	. !	Managing Members/	Managers	 	Busines	ss Street Address		City, State and Zip Code	
Al 4/23/58	MGRM	EOP (OPERATING	LIMITE,	2 N.	RIVEF	RSIDE PL	AZA, #151	CHICAG	O IL
										1/4/23/58

11. Ido 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 propowered 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.

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4/14/98

312-466-3300