Flie on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 99 APR 26 AM 1:32 1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000860** 1a. Principal Place of Business Address EIG RUSKIN, LLC 111 EAST WAYNE STREET, SUITE 500 44-At-lous 111 EAST WAYNE STREET, SUITE FORT WAYNE IN 46802 FORT WAYNE IN 46802 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a, Mailing Address 08/07/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 35-2054304 City & State City & State APPLIED FOR Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$8.75 Additional Fee Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number Is Not Acceptable) PLANTATION FL 33324 Suite, Apt. #, etc. 000002870380--5 -05/11/99°°°01006--012 \*\*\*197,50 \*\*\*\*197,50 City 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 tis 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 MEM EIG OPERATING PARTNERS 111 EAST WAYNE STREET, SUI FORT WAYNE IN 11. I do hereby certify that the information supplied with this filling 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 indicated on this annular report is true and accurate and that my signature shall have meaning earlier as it made under dail; that are a managing member of manager of the indicated by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. FIG Operating Partnership, L.P., its sole member, by EIG

SIGNATURE:

When the same legislation of the continue and that my name appears in Block 10, or on an attachment with an address. FIG Operating Partnership, L.P., its sole member, by EIG

SIGNATURE:

4/19/99 219-426-4704 SIGNATURE AND TYPED OR PRINTED NAME OF

Spare-Kary Mreasurer

JNHSE10 R (12-98)

Took M. Jacobs,