2005 LIMITED LIABILITY COMPANY

I hereby certify that the informating indicated on this report is true.

SIGNATURE:

limited liability company or the

SIGNATURE AND TYPED OR

FILED ANNUAL REPORT Jan 27, 2005 08:00 AM DOCUMENT # M98000000914 **Secretary of State** GATEWAY CENTER II-FBEC, L.L.C. Principal Place of Business Mailing Address C/O HAGAN & ASSOCIATES, ATTN: E MICHAJ C/O HAGAN & ASSOCIATES, ATTN: E MICHAJ 200 E. RANDOLPH 200 E. RANDOLPH CHICAGO, IL 60601 CHICAGO, IL 60601 01122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2116504 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, **MGRM** TITLE FLORIDA OFFICE PROPERTY COMPANY, INC. NAME U00000200352 STREET ADDRESS 200 EAST RANDOLPH DRIVE, SUITE 4300 01/28/05-80024-003 50.00 CITY-ST-ZIP CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP

1/14/05

212 220 2060

Ty Spearing, Vice President & Assistant Secretary, Florida Office Property Company

and 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 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 ledeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BESENTATIVE

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED