File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY **Katherine Harris** ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 APR 26 AM 1: 32 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M98000001380** 1a. Principal Place of Business Address EIG BYRD PLAZA, LLC 111 EAST WAYNE STREET, SUITE 500 111 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 11/20/1998 DE Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 35-204078 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zφ Country Country \$8.75 Additional Fee Required 🔀 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office 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. Zip Code 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 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 Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MERM MERM EIG OPERATING PARTNERS 111 EAST WAYNE STREET, SUI FORT WAYNE IN 740002866477--05/07/99--01020--024 ****197.50 ****197.50 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. E16 Oper Q-I/A For the Supplement of the member, by E16 Realty, Inc. SIGNATURE: 219-424-4704 SIGNATURE AND TYPE NG MANAGING MEMBER OR MANAGER Daytime Prione #

Todd M. Jacobs, Excretary treasurer

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