2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M9800001380 1. Entity Name EIG BYRD PLAZA, LLC				00	APPROVED AND FILED APR 21 AM 10: 3	3 (
Principal Plac	e of Business	Mailing Address						
111 EAST WAYNE STREET. SUITE 500 111 EAST WAYNE STREET FORT WAYNE IN 46802 FORT WAYNE IN 46802-2				TALL	RETARY OF STAT AHASSEE, FLOR	IDA		
2. Principal P	Place of Business .	3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		- $ $ MNM	MNM DO NOT WRITE IN THIS SPACE			
				4. FEI Number Applied For Not Applied For				
Zip	Country	Zip	Country	5. Certificate	of Status Desired 5	\$5.00 Add		
	6. Name and Address of Current	t Registered Agent		7. Name and	1 Address of New Regist	<u> </u>		
			Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324			City			FL Zip Cod	e .	
			J,			ru		
	named entity submits this statement for stat		s registered office or r			DATE	· '	
8. The above		t and title if applicable. (NOT	TE: Registered Agent signature	required when reinstating)	°000032• -05/10/00 *****\$5	46017 001009	5 006 55.00	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT FILE N Make Check Pa	OW!!! FEE IS \$5 ayable to Departm	required when reinstating)	°000032. -05/10/01	45017 0-01009 .00 *****	55.00_	
SIGNATURE 9. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent MANAGING MEME MGRM EIG OPERATING PARTNERSHIP, 111 EAST WAYNE STREET, SUI	t and title if applicable. (NOT FILE N Make Check Pa BERS/MEMBERS Detects LP.	TE: Registered Agent signature OW!!! FEE IS \$5 ayable to Departm	required when reinstating)	°000032• -05/10/00 *****\$5	46017 001009	5 006 55.00	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent MANAGING MEME MGRM EIG OPERATING PARTNERSHIP	t and title if applicable. (NOT FILE N Make Check Pa BERS/MEMBERS Detects LP.	OW!!! FEE IS \$5 ayable to Department 10. TITLE NAME STREET ADDRESS	required when reinstating)	°000032• -05/10/00 *****\$5	45017 0-01009 .00 *****	55.00_	
	Signature, typed or printed name of registered agent MANAGING MEME MGRM EIG OPERATING PARTNERSHIP, 111 EAST WAYNE STREET, SUI	FILE N Make Check Pa BERS/MEMBERS Detects L.P.	OW!!! FEE IS \$5 ayable to Department 10. TITLE NAME STREET ADDRESS CITY- BT- ZIP TITLE NAME STREET ADDRESS	required when reinstating)	°000032• -05/10/00 *****\$5	45017 001003 .00 ***** NGES	55.00 Addition	
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4/13/00