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CONTACT NAME:	\ <u></u> /
corporation name: EOP - Sarasota (City Center, L.L.C.
DOCUMENT NUMBER: (if applicable)	0000027114701
AUTHORIZATION: C. Woodegard.	
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY	•
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 14, 1998

LEXIS

SUBJECT: EOP-SARASOTA CITY CENTER, L.L.C.

Ref. Number: W98000027980

We have received your document for EOP-SARASOTA CITY CENTER, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

Please provide a description of the property contributed by the members, as stated on the affidavit.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 898A00058920

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	-Sarasota City Center, L.L.C.	e of foreign limi	ited lie	oility company)		, .
_		_				
	Delaware		3	applied for		<u> </u>
(Jurisdi compai	iction under the law of which foreign lin ny is organized)	nited liability		(FEI numb	er, if applicable	;)
4	2/11/98		5	Perpetual	•	
·	(Date of Organization)		(Du exis	ration: Year limited l t or "perpetual")	iability compar	ny will cease t
6t	Jpon qualification					
	(Date first transacted business in	Florida. (See se	ections	608.501, 608.502, an	d 817. 155, F.S.)	}
7. c/	o Ann M. Schneider, 2 N. Ri	verside Pla	za, 1	1600, Chicago,	IL 60606	•
				· · · · · · · · · · · · · · · · · · ·		
				1 60 >		
	(3	Street address of	princip	al office)		
. List nar	ne, title, and business address of	each managin	ig mei	nber[MGRM] or	manager[MC	R]who
will ma	nage the foreign limited liability o	company in F	lorida	: (attach additiona	ıl page if nec	essary)
•						
	NAME & ADDRESS:	TITLE:	N	AME & ADDRE	SS:	TITLE:
	EOP Operating Limited Partnership	мерм				
	Two N. Riverside Plaza	MGRM	-			
	Chicago IL 60606					•
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State of Delaware

PAGE

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EOP-SARASOTA CITY CENTER, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EOP-SARASOTA CITY CENTER, L.L.C. WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

9457720

12-11-98

AUTHENTICATION:

2977833 8300

981478658

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
	EOP-Sarasota City Center, E.L.C.
2.	The name and the Florida street address of the registered agent and office are:
	Lexis Document Services Inc. (Name)
	3953 W.W. Kelley Road
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Tallahassee, FL 32311
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Withoux Mackey asst Sec. (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of _EOP-Sarasota C	ity Center, L.L.C.
certifies:	· · · · · · ·
1) the above named limited liability company has at least one member;	•
2) the total amount of cash contributed by the member(s) is	\$
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u>22,157,087</u>
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$_22,157,087

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robin Mariella, Asst. Secy. of Equity Office Properties Trust, managing GP of EOP Operating Limited Partnership

Typed or printed name of signee

EOP-SARASOTA CITY CENTER, L.L.C.

Description of property: Office Buildings located in Sarasota, FL.