


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR -8 PM 1:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001525 EOP-SARASOTA CITY CENTER, L.L.C. 2 N. RIVERSIDE PLAZA, #1600 CHICAGO IL 60606		1a. Principal Place of Business Address 2 N. RIVERSIDE PLAZA, #1600 CHICAGO IL 60606			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address c/o Ann M. Schneider Suite, Apt. #, etc. 2 N. Riverside Plaza, #1600 City & State Chicago, IL Zip 60606		3. Date Organized or Qualified 12/14/1998 3a. State of Formation DE 4. FEI Number 36-4166088 APPLIED FOR 5. Date of Last Report	
Country USA		Country USA		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD TALIAHASSEE FL 32311		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	EOP OPERATING LIMITE,	2 N. RIVERSIDE PLAZA, #1600		CHICAGO IL	
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. SIGNATURE: <i>Robin Marshall</i> 4/1/99 312-466-3300 62 4-14-99					