

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
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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
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001526 EOP-SUNTRUST CENTER, L.L.C. 2 N. RIVERSIDE PLAZA, #1600 CHICAGO IL 60606
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1a. Principal Place of Business Address 2 N. RIVERSIDE PLAZA, #1600 CHICAGO IL 60606
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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	Country USA	3. Date Organized or Qualified 12/14/1998	3a. State of Formation DE	4. FEI Number 36-4104257 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311

B. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <p style="text-align: center;">FL</p>

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 re-registering)

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: *Robin Maxwell* 4/1/99 312-466-3300
SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNATURE MANAGING MEMBER OR MEMBER OF BOARD