

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001526

1. Entity Name
EOP SUNTRUST CENTER, L.L.C.
 Suntrust Center, L.L.C.

FILED
 00 MAR 21 AM 10:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2 N. RIVERSIDE PLAZA, #1600 C/O ANN M. SCHNEIDER
 CHICAGO IL 60606 2 N RIVERSIDE PLAZA #1600
 CHICAGO IL 60606-2603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 City & State

3. Mailing Address Suite, Apt. #, etc.
 City & State

4. FEI Number **36-4104257** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES, INC.
 3953 W.W. KELLEY ROAD
 TALLAHASSEE FL 32311

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM EOP OPERATING LIMITED PARTNERSHIP STREET ADDRESS 2 N. RIVERSIDE PLAZA, #1600 CITY-ST-ZIP CHICAGO IL 60606	<input type="checkbox"/> Delete	TITLE NAME MGRM Lend Lease US Office, Inc. STREET ADDRESS 3424 Peachtree Road, N.E. CITY-ST-ZIP Atlanta, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I 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 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.

SIGNATURE: Brooke Keenan 1/31/2000 312-466-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Brooke Keenan, VP of managing Gr. of EOP Operating Limited Partnership Date Daytime Phone #

CR2E083 (9/99)