

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M98000001526

FILED  
Mar 28, 2002 8:00 AM  
Secretary of State

Entity Name: SUNTRUST CENTER, L.L.C.

**Current Principal Place of Business:**

2 N. RIVERSIDE PLAZA, #1600  
CHICAGO, IL 60606

**New Principal Place of Business:**

2 N. RIVERSIDE PLAZA  
CHICAGO, IL 60606

**Current Mailing Address:**

C/O ANN M. SCHNEIDER  
2 N RIVERSIDE PLAZA #1600  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 36-4104257      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: EOP OPERATING LIMITE, D PARTNERSHIP  
Address: 2 N. RIVERSIDE PLAZA, #1600  
City-St-Zip: CHICAGO, IL 60606

Title: MGRM ( ) Delete  
Name: LEND LEASE US OFFICE, , INC.  
Address: 3424 PEACHTREE ROAD NE  
City-St-Zip: ATLANTA, GA 30326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 KENEVAN, VP OF GP OF MGRM      VP      03/28/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date