Do/unien/Numer Gily 000000001/

Cr corporation.	-	
Requestor's Name 660 East Jefferson Street		
Address		
Tallahassee, FL	32310 222-1092	9000027288597
City State	Zip Phone	-01/04/9901053025 ****285.00 ****285.00
CORPO	DRATION(S) NAME	
Heitman/JM	B Institutional	Realty Advisors, LC
() Profit () NonProfit () Foreign	() Amendm	nent () Merger - FREE FORMATION OF THE STORY
() Limited Partnership () Reinstatement () Fictitious Name () Certified Copy	() Annual R () Name Regi	report () Other was stration () Change of R.A. hancing Statement() UCC-3 Filing
() Call When Ready () Walk In () Mail Out	() Will Wait	1000
Name Availability Document Examiner Updater Verifier		ik You!! Extrained
Acknowledgment	- Hope	ES:11 NV 7-NVI 65 Acknowledgement
W.P. Verifier	`	CHARLES W. P. Valley

CR2E031 (1-89)

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:

	(Name of foreign limited liability company)					
2	Delaware	3	S	Applied for		
()	urisdiction under the law of which foreign limited ompany is organized)			(FEI number, if		
4.	12/15/98	5	5.	Perpetual		
-	(Date of Organization)		(Dura exist	tion: Year limited liabilit or "perpetual")	y company will cease	
6.	January 4, 1999					
-	(Date first transacted business in Flo	rida. (See se	ctions 60	08.501, 608.502, and 817.	155, F.S.)	
7.	180 North LaSalle Street					
_	ì					
_	Chicago, IL 60601					
	(Stree	t address of p	principal	l office)		
wil	I manage the foreign limited liability com	pany in Fl	orida:		ge if necessary)	
wil	I manage the foreign limited liability com NAME & ADDRESS: TI		orida:			
wil	I manage the foreign limited liability com NAME & ADDRESS: TIT Heitman Capital	pany in Fl	orida:	(attach additional pag	ge if necessary)	
wil	I manage the foreign limited liability com NAME & ADDRESS: TIT Heitman Capital	pany in Fl	orida:	(attach additional pag	ge if necessary)	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC	pany in Fl	orida:	(attach additional pag	ge if necessary)	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	ge if necessary)	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	ge if necessary)	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	ge if necessary) TITLE: 99 JAN	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	ge if necessary)	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	TITLE: SECRETARY 99 JAN - 4	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	se if necessary) TITLE: SECRETARY OF SORPOR 99 JAN - 4 PM	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	TITLE: SECRETARY 99 JAN - 4	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	se if necessary) TITLE: SECRETARY OF SORPOR 99 JAN - 4 PM	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	se if necessary) TITLE: SECRETARY OF SORPOR 99 JAN - 4 PM	
wil	NAME & ADDRESS: TITE Heitman Capital Management LLC 180 N. LaSalle Street	pany in Fl	orida:	(attach additional pag	se if necessary) TITLE: SECRETARY OF SORPOR 99 JAN - 4 PM	

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Heitman/JM	В
Institutional Realty Advisors LLCcertifies:	= -
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>1,000.00</u> ;
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	\$;
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.)	\$_1,000.00
Heitman Capital Management LLC/member By: Signature of a member or an authorized representative of a mem (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.) Gal Way Vice President of Way Typed or printed name of signee	DIVISION OF CORPORA or. 99 JAN -4 PH 1:
Filing Fee: \$250.00 for Application and Affidavit	ATION 33

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 Liabi	lity Com	pany is:	•
]	Heitman/JMB	Institutional	Realty	Advisors	LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System (Name)	
c/o CT Corporation System	÷ (
1200 South Pine Island Road	
Florida street address (P.O. Box NOT ACCEPTABLE)	1: 33
Plantation, FL 33324	

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.

Anne E. Diamond, Asst Secretary

By:

Filing Fee: \$35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HEITMAN/JMB INSTITUTIONAL REALTY
ADVISORS LLC" 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_TWENTY-NINTH
DAY OF DECEMBER, A.D. 1998.

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

Edward J. Freel, Secretary of State

AUTHENTICATION:

9493671

DATE:

12-29-98

2979498 8300

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