

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90555 023 ****50.00

DOCUMENT # M99000000011

1. Entity Name
HEITMAN INSTITUTIONAL REALTY ADVISORS LLC



Principal Place of Business
191 N. WACKER DRIVE, SUITE 2500
CHICAGO, IL 60606

Mailing Address
% SUSAN ODLAND
180 N. LASALLE ST 34TH FLOOR
CHICAGO, IL 60601

2. Principal Place of Business

3. Mailing Address
c/o Gail Carey

Suite, Apt. #, etc.

Suite, Apt. #, etc.

191 N. Wacker Dr., #2500

01232004

Chg-LLC

CR2E083 (10/03)

City & State

City & State
Chicago, Illinois

4. FEI Number

36-4265583

Applied For

Not Applicable

Zip

Country

Zip

60606

Country

USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HEITMAN CAPITAL MANAGEMENT LLC
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO, IL 60601

TITLE ☒ Change ☐ Addition
NAME 191 N. Wacker Dr., Suite 2500
STREET ADDRESS Chicago, IL 60606
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME CLAEYS, JEROME J III
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO, IL 60601

TITLE ☒ Change ☐ Addition
NAME 191 N. Wacker Dr., Suite 2500
STREET ADDRESS Chicago, IL 60606
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SMITH, ROGER E
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO, IL 60601

TITLE ☒ Change ☐ Addition
NAME 191 N. Wacker Dr., Suite 2500
STREET ADDRESS Chicago, IL 60606
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME TOGNARELLI, MAURY
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO, IL 60601

TITLE ☒ Change ☐ Addition
NAME 191 N. Wacker Dr., Suite 2500
STREET ADDRESS Chicago, IL 60606
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Roger E. Smith Roger E. Smith, Manager

3/18/04

(312) 855-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #