

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

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
**C/O GAIL CAREY
191 N. WACKER DRIVE STE 2500
CHICAGO, IL 60606**



03162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4265583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEITMAN CAPITAL MANAGEMENT LLC
191 N. WACKER DRIVE STE 2500
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CLAEYS, JEROME J III
191 N. WACKER DRIVE STE 2500
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SMITH, ROGER E
191 N. WACKER DRIVE STE 2500
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TOGNARELLI, MAURY
191 N. WACKER DRIVE STE 2500
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000294311
04/08/05-80063-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

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

4/4/05
Date

312-541-6769
Daytime Phone #