

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 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



01062006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

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

1100000439858
03/02/06-60017-016 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-14-06 312-855-5700