


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000381 1. Entity Name HEITMAN CAPITAL MANAGEMENT LLC	
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Principal Place of Business 191 N. WACKER DRIVE STE 2500 CHICAGO, IL 60606	Mailing Address C/O GAIL CAREY 191 N. WACKER DRIVE STE 2500 CHICAGO, IL 60606
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03162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4265579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 file if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

1000000292555
04/07/05-80074-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAEYS, JERRY 191 N. WACKER DRIVE STE 2500 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, ROGER 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* **4/4/05** **312-855-6769**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #