

2001 UNIFORM BUSINESS REPORT (UBR)

0027858 AF

DOCUMENT # M99000000749

1. Entity Name

142 BISCAYNE ASSOCIATES, L.L.C.

FILED

01 MAR 20 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611

Mailing Address

ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611

2. Principal Place of Business

ONE IBM PLAZA

3. Mailing Address

ONE IBM PLAZA

Suite, Apt. #, etc.

#2630

Suite, Apt. #, etc.

#2630

City & State

CHICAGO, IL

City & State

CHICAGO, IL

Zip

60611

Country

US

Zip

60611

Country

US

4. FEI Number

36-4293519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME 142ND STREET ASSOCIATES, L.P.
STREET ADDRESS 1 IBM PLAZA, SUITE 2630
CITY-ST-ZIP CHICAGO IL 60611

TITLE MGRM ☐ Delete
NAME IRP 142 BISCAYNE SPECIAL MEMBER, L.L.C.
STREET ADDRESS 676 N MICHIGAN AVE., SUITE 3350
CITY-ST-ZIP CHICAGO IL 60611

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

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

Date 3.14.01

Daytime Phone #

CR2E083 (11/00)