

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001665

1. Entity Name

TRIZECHAHN ESPERANTE LLC

Principal Place of Business

Mailing Address

4350 LAJOLLA VILLAGE DRIVE, SUITE 700  
SAN DIEGO CA 92122-1233

4350 LAJOLLA VILLAGE DRIVE, SUITE 700  
SAN DIEGO CA 92122-1233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2867468

Applied For

Not Applicable

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR CAMPBELL, ROBIN A  
STREET ADDRESS 181 BAY STREET, SUITE 3900  
CITY-ST-ZIP TORONTO, ONTARIO M5J2T-3

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

TITLE NAME ☐ Delete  
MGR WOLD, CASEY R  
STREET ADDRESS 233 S. WACKER DR., SUITE 4600  
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE NAME ☐ Delete  
MGR BISMONTE, ANTONIO A  
STREET ADDRESS 233 S. WACKER DR., SUITE 4600  
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE NAME ☐ Delete  
MGRM TrizecHahn Office Properties Inc.  
STREET ADDRESS 4350 La Jolla Village Dr. Ste. 700  
CITY-ST-ZIP San Diego, CA 92122-1233

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED  
Colin Chapin, Vice President

Date

Daytime Phone #

9/25/00 (858) 546-1001

CR2E083 (5/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -5 AM 11:02

DO NOT WRITE IN THIS SPACE

