

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90132 016 \*\*\*\*50.00

**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

**c/o Tax Dept. 233 S. Wacker Dr.**

Suite, Apt. #, etc. **#1800**

City & State

**Chicago, IL**

Zip

**60606**

Country

**USA**

Mailing Address

**c/o Tax Dept. 233 S. Wacker Dr.**

Suite, Apt. #, etc. **#1800**

City & State

**Chicago, IL**

Zip

**60606**

Country

**USA**

4. FEI Number

~~95-2007460~~  
**36-4483681**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

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

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

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

TITLE **MGRM** ☐ Delete  
 NAME **TRIZECHAHN OFFICE PROPERTIES INC. (old name)**  
 STREET ADDRESS **4350 LAJOLLA VILLAGE DRIVE, SUITE 700**  
 CITY-ST-ZIP **SAN DIEGO CA 92122-1233**

TITLE **V** ☒ Delete  
 NAME **BAKER, ROGER L**  
 STREET ADDRESS **4350 LA JOLLA VILLAGE DR., STE 700**  
 CITY-ST-ZIP **SAN DIEGO CA 92122-1233**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR.** ☐ Change ☒ Addition  
 NAME **Jeffrey D. Echt**  
 STREET ADDRESS **233 S. Wacker Dr., #1800**  
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE **MGR.** ☒ Change ☐ Addition  
 NAME **Casey R. Wold**  
 STREET ADDRESS **233 S. Wacker Dr., #1800**  
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE **MGR.** ☐ Change ☒ Addition  
 NAME **Elizabeth K. Lanier**  
 STREET ADDRESS **233 S. Wacker Dr., #1800**  
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **Trizec Holdings Inc.**  
 STREET ADDRESS **233 S. Wacker Dr., #1800**  
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Joanne E. Ranger**  
 STREET ADDRESS **233 S. Wacker Dr., #1800**  
 CITY-ST-ZIP **Chicago, IL 60606**

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 REQUIRED**

**Joanne Ranger, VP**

**(312) 466-3000**

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

Date

Daytime Phone #

CR2E083 (4/02)