

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90082 030 \*\*\*\*50.00

DOCUMENT # M99000001665



1. Entity Name  
**TRIZECHAHN ESPERANTE LLC**

Principal Place of Business  
**233 S WACKER DR #1800  
C/O TAX DEPT  
CHICAGO IL 60606**

Mailing Address  
**233 S WACKER DR #1800  
C/O TAX DEPT  
CHICAGO IL 60606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-4483681**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ECHT, JEFFREY D</b> <b>233 S WACKER DR #1800</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WOLD, CASEY R</b> <b>233 S WACKER DR #1800</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>TRIZEC HOLDINGS INC</b> <b>233 S WACKER DR #1800</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Trizec Holdings, Inc.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del>233 S Wacker Dr., #1800</del> <b>Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>TRIZECHAHN OFFICE PROPERTIES INC.</b> <input checked="" type="checkbox"/> Delete <del>4350 LAJOLLA VILLAGE DRIVE, SUITE 700</del> <b>SAN DIEGO CA 92122-1233</b> <i>OLD NAME</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Elizabeth K. Lanier</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>233 S. Wacker Dr., #1800</b> <b>Chicago, IL 60606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RANGER, JOANNE E</b> <b>233 S WACKER DR #1800</b> <b>CHICAGO IL 60606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joanne E. Ranger, VP 7103 (312) 466-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)