

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90030 037 ***150.00

DOCUMENT # P02656

1. Corporation Name

LEND LEASE REAL ESTATE INVESTMENTS, INC.



Principal Place of Business

3424 PEACHTREE RD NE
SUITE 800
ATLANTA GA 30326
US

Mailing Address

3424 PEACHTREE RD NE
SUITE 800
ATLANTA GA 30326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1984

4. FEI Number

58-1571819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME QUILLE, JAMES A
STREET ADDRESS 3424 PEACHTREE RD NE STE 800
CITY-ST-ZIP ATLANTA GA 30326

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME DEGNAN, AMBER B
STREET ADDRESS 3424 PEACHTREE NE STE 800
CITY-ST-ZIP ATLANTA GA 30326

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPS ☒ DELETE
NAME BROWN, DOUGLAS L
STREET ADDRESS 3424 PEACHTREE RD NE STE 800
CITY-ST-ZIP ATLANTA GA 30326

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME *VPS*
3.3 STREET ADDRESS *Thomas A. McKean*
3.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME HATCHER, SAMUEL F
STREET ADDRESS 3424 PEACHTREE RD NE STE 800
CITY-ST-ZIP ATLANTA GA 30326

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPT ☐ DELETE
NAME URDANICK, PETER J
STREET ADDRESS 3424 PEACHTREE RD NE STE800
CITY-ST-ZIP ATLANTA GA 30326

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME BANKS, MATTHEW S
STREET ADDRESS 10 E 50TH ST SWISS BANK TOWER 20TH
CITY-ST-ZIP NEW YORK NY 10022

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Thomas A. McKean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. McKean 03/29/99

404-848-8600

Date

Daytime Phone #

CR2E034 (11/98)

0012921