

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0001396  
AV

03-05-2002 90141 048 \*\*\*150.00

**DOCUMENT # P02656**

1. Entity Name  
**LEND LEASE REAL ESTATE INVESTMENTS, INC.**

Principal Place of Business <b>3424 PEACHTREE RD NE          SUITE 800          ATLANTA GA 30326          US</b>	Mailing Address <b>3424 PEACHTREE RD NE          SUITE 800          ATLANTA GA 30326          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>58-1571819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME P DOLINYOY, PAUL J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP ATLANTA:GA:30326	
TITLE NAME DVP DEGNAN, AMBER B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE NE STE 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME VPS MCKEAN, THOMAS A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME DVP HATCHER, SAMUEL F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE RD NE STE 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME D D'ARDENNE, RAY H	<input type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE RD NE STE800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME CD BANKS, MATTHEW S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10 E 50TH ST SWISS BANK TOWER 20TH	
CITY-ST-ZIP NEW YORK NY 10022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P PRATT, FRED N. (JR.)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE ROAD, NE STE. 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME AS NEWMARK, DEBBIE J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME T MILLS, E. NELSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME D JOHNSTON, ROBERT W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME D JOHNSON, GAGE R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME S MCKEAN, THOMAS A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP ATLANTA GA 30326	

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie J. Newmark **Debbie J. Newmark** 2-5-02 404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)