

DOCUMENT # P96000024222

1. Entity Name

LaSalle Management Corporation

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90948 024 ***150.00

Principal Place of Business

Mailing Address

247 SW 8th Street
Ste. 111
Miami, Fl 33130

2. Principal Place of Business

3. Mailing Address

247 SW 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#175

City & State

City & State

Miami, Fl

4. FEI Number

Applied For

Zip

Country

Zip

Country

33130

Dade

65-0651513

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Gavriel Mairone

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

247 SW 8th Street

City

175
Miami

FL

Zip Code

33130

Gavriel Mairone
247 SW 8th Street
#111
Miami, Fl 33130

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

Gavriel Mairone

4/27/00

Signature, type or printed name of registered agent and date if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D Delete

NAME Gavriel Mairone
STREET ADDRESS 247 SW 8th Street, #175
CITY-ST-ZIP Miami, Fl 33130

TITLE Change Addition

TITLE Delete

NAME D/S/T
STREET ADDRESS Bernard E. Sendlin
CITY-ST-ZIP

TITLE Change Addition

TITLE Delete

NAME 100 N. LaSalle St. #1400
STREET ADDRESS Chicago, Il 60602
CITY-ST-ZIP

TITLE Change Addition

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

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CITY-ST-ZIP

TITLE Change Addition

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition

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:

Gavriel Mairone

4/27/00

305-372-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #