

2001 UNIFORM BUSINESS REPORT (UBR)

0027858 AF

DOCUMENT # M99000000749

1. Entity Name
142 BISCAYNE ASSOCIATES, L.L.C.

FILED

01 MAR 20 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611**

Mailing Address
**ONE IBM PLAZA, SUITE 2630
CHICAGO IL 60611**

2. Principal Place of Business
ONE IBM PLAZA

3. Mailing Address
ONE IBM PLAZA

Suite, Apt. #, etc.
#2630

Suite, Apt. #, etc.
#2630

City & State
CHICAGO, IL

City & State
CHICAGO, IL

Zip
60611

Country
US

Zip
60611

Country
US

4. FEI Number
36-4293519

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ 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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	MGRM 142ND STREET ASSOCIATES, L.P. 1 IBM PLAZA, SUITE 2630 CHICAGO IL 60611	<input type="checkbox"/> Change <input type="checkbox"/> Addition	900003910268 - 03/26/01 - 01135 - 015 *****50.00 *****50.00
<input type="checkbox"/> Delete	MGRM IRP 142 BISCAYNE SPECIAL MEMBER, L.L.C. 676 N MICHIGAN AVE., SUITE 3350 CHICAGO IL 60611	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *Kirsten Barrow* **Kirsten Barrow, Secretary of 142nd Street Corp. - G.P. of**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **3.14.01** Daytime Phone # **142nd Street**

CR2E083 (11/00)