


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 012 ***150.00

DOCUMENT # F02000000891			
1. Entity Name EQR-LINCOLN VILLAGE I VISTAS, INC.			
Principal Place of Business TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606		Mailing Address TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606	
2. Principal Place of Business c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza		3. Mailing Address c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606	Country Cook	Zip 60606	Country USA
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD TALLAHASSEE, FL 32311		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME STONEBRAKER, KELLY STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Stephen M. Gordon STREET ADDRESS 2 N. Riverside Plaza, Ste. 400 CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME PHIPPS, JAMES STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME NESTI, PATTI STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME FOLEY, LESLIE STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME TOMILLO, KARYN STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VAS NAME Barbara Shuman STREET ADDRESS 2 N. Riverside Plaza, Ste. 400 CITY-ST-ZIP Chicago, IL 60606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V SDT NAME GREENBERG, ARTHUR STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Barbara Shuman</u>		Barbara Shuman, Asst. Sec., 6/3/05 312-474-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

