


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90064 012 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                               |                                                                                                                                                                                |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F02000000892</b><br>1. Entity Name<br><b>EQR-LINCOLN VILLAGE II VISTAS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   |                                                                                                                               |                                                                                                                                                                                |  |  |
| Principal Place of Business<br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400<br/>CHICAGO, IL 60606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                   |                                                                                                                               | Mailing Address<br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400<br/>CHICAGO, IL 60606</b>                                                                                           |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   | 3. Mailing Address                                                                                                            |                                                                                                                                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   | Suite, Apt. #, etc.                                                                                                           |                                                                                                                                                                                |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   | City & State                                                                                                                  |                                                                                                                                                                                |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                                           | Zip                                                                                                                           | Country                                                                                                                                                                        |                                                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>CT CORPORATION SYSTEM</b><br><b>1200 S. PINE ISLAND RD</b><br><b>FORT LAUDERDALE, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |                                                                                   |  |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   |                                                                                                                               |                                                                                                                                                                                |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                                |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                   |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PD</b> <input type="checkbox"/> Delete<br><b>STONEBRAKER, KELLY</b><br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b><br><b>CHICAGO, IL 60606</b> |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VD</b> <input type="checkbox"/> Delete<br><b>PHIPPS, JAMES</b><br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b><br><b>CHICAGO, IL 60606</b>      |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b> <input type="checkbox"/> Delete<br><b>NESTI, PATTI</b><br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b><br><b>CHICAGO, IL 60606</b>        |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b> <input type="checkbox"/> Delete<br><b>FOLEY, LESLIE</b><br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b><br><b>CHICAGO, IL 60606</b>       |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b> <input type="checkbox"/> Delete<br><b>TOMILLO, KARYN</b><br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b><br><b>CHICAGO, IL 60606</b>      |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>V</b> <input type="checkbox"/> Delete<br><b>GREENBERG, ARTHUR</b><br><b>TWO NORTH RIVERSIDE PLAZA, SUITE 400</b><br><b>CHICAGO, IL 60606</b>   |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |                                                                                                                                                   |                                                                                                                               |                                                                                                                                                                                |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Leslie A. Foley</i> <b>V.P. LESLIE A. FOLEY</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |                                                                                                                               | Date <b>4-21-04</b> Daytime Phone # <b>312-474-1300</b>                                                                                                                        |                                                                                   |  |

94067639



04212004 Chg-P CR2E034 (10/03)

4. FEI Number **36-3907904** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required