


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

06-07-2005 90001 011 \*\*\*150.00

**DOCUMENT # F02000000892**

1. Entity Name  
**EQR-LINCOLN VILLAGE II VISTAS, INC.**




Principal Place of Business      Mailing Address  
**TWO NORTH RIVERSIDE PLAZA, SUITE 400**      **TWO NORTH RIVERSIDE PLAZA, SUITE 400**  
**CHICAGO, IL 60606**      **CHICAGO, IL 60606**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



05122005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**36-3907904**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD**  
**FORT LAUDERDALE, FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 Two N. Riverside Plaza 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 Two N. Riverside Plaza 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: Barbara Shuman      **Barbara Shuman, Asst. Sec., 6/3/05 312-474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # **1300**