


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90011 045 \*\*\*150.00

**DOCUMENT # F0200000892**

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**

**40108056**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

04202007      Chg-P      CR2E034 (12/06)

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**

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

**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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORDON, STEPHEN M	
STREET ADDRESS	TWO N RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO, IL 60606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHIPPS, JAMES	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY - ST - ZIP	CHICAGO, IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	NESTI, PATTI	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY - ST - ZIP	CHICAGO, IL 60606	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	SHUMAN, BARBARA	
STREET ADDRESS	TWO N RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO, IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREENBERG, ARTHUR	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY - ST - ZIP	CHICAGO, IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPELLE, MICHELLE	
STREET ADDRESS	2 N RIVERSIDE PLAZA	
CITY - ST - ZIP	CHICAGO, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** MICHELLE LAPELLE      4.27.07      3124741300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #