


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-27-2004 90064 017 \*\*\*150.00

**DOCUMENT # F0200000893**  
 1. Entity Name  
**EQR-LINCOLN VILLAGE III 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



04212004      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION, 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 \_\_\_\_\_ 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**  
**After May 1, 2004 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	STONEBRAKER, KELLY	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
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	V	<input type="checkbox"/> Delete
NAME	FOLEY, LESLIE	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOMILLO, KARYN	
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		<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 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:** *Leslie A. Foley VP*      **LESLIE A FOLEY**      *4/27/04*      *312-474-1300*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #