


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2005 90001 014 ***150.00

DOCUMENT # F02000000893					
1. Entity Name EQR-LINCOLN VILLAGE III 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222005 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 36-3907898	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, 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 _____ (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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONEBRAKER, KELLY		NAME	Stephen M. Gordon	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS	Two N. Riverside Plaza	
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, JAMES		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTI, PATTI		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, LESLIE		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMILLO, KARYN		NAME	Barbara Shuman	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS	Two N. Riverside Plaza	
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP	Chicgo, IL 60606	
TITLE		<input type="checkbox"/> Delete	TITLE	VDST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Arthur A. Greenberg	
STREET ADDRESS			STREET ADDRESS	Two N. Riverside Plaza	
CITY-ST-ZIP			CITY-ST-ZIP	Chicago, IL 60606	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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: <i>Barbara Shuman</i>		Barbara Shuman, Asst. Sec., 6/3/05 312-474-1300		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					