

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003087 (4)
1. Corporation Name
EQR-BRETON HAMMOCKS VISTAS, INC.

Principal Place of Business Mailing Address
2 NORTH RIVERSIDE DRIVE 2 NORTH RIVERSIDE DRIVE
CHICAGO IL 60606 CHICAGO IL 60606
C/O Ann M. Schneider C/O Ann M. Schneider

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2b. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/06/1993		08/01/1994		36-3907873	
City & State		City & State		5. Certificate of Status Desired		5. Certificate of Status Desired		Applied For	
Zip		Country		Trust Fund Contribution		Trust Fund Contribution		Not Applicable	
24		25		29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
				FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	KOSFELD, MARLENE
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VD
NAME	PHIPPS, JAMES M.
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	VDT
NAME	GREENBERG, ARTHUR A
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	PD
NAME	LIEBENTRITT, DONALD J
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	S
NAME	SCHNEIDER, ANN M
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: 
Ann M. Schneider Secretary

MAR 08 1995 312-4663607
LW 3-13-95