

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F93000003087 (4)**

1. Corporation Name

**EQR-BRETON HAMMOCKS VISTAS, INC.**



Principal Place of Business

Mailing Address

C/O ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606  
US

C/O ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA  
CHICAGO IL 60606  
US

3. Date Incorporated or Qualified  
**07/06/1993**

3a. Date of Last Report  
**03/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**36-3907873**

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and firm if applicable.

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	KOSFELD, MARLENE	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHIPPS, JAMES M.	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIEBENTRITT, DONALD J	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN M	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-STATE-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Levin, Robert M.	
1.3 STREET ADDRESS	30 N. LaSalle	
1.4 CITY-STATE-ZIP	Chicago, IL 60602	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phipps, James M.	
2.3 STREET ADDRESS	2 N. Riverside Plaza	
2.4 CITY-STATE-ZIP	Chicago, IL	
3.1 TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Greenberg, Arthur A.	
3.3 STREET ADDRESS	2 N. Riverside Plaza	
3.4 CITY-STATE-ZIP	Chicago, IL 60606	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stanley M. Stevens	
6.3 STREET ADDRESS	2 N. Riverside Plaza	
6.4 CITY-STATE-ZIP	Chicago, IL 60606	

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann M. Schneider, Secretary

2/2/96

312-466-3607

DATE

Telephone #

CR2E034 (12/95)