

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>C/O ANN M. SCHNEIDER                  2 N. RIVERSIDE PLAZA                  CHICAGO IL 60606                  US</b>	Mailing Address <b>C/O ANN M. SCHNEIDER                  2 N. RIVERSIDE PLAZA                  CHICAGO IL 60606                  US</b>
--	--

DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>07/06/1993</b>	
<b>4.</b> FEI Number <b>36-3907873</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>KOSFELD, MARLENE</b>	
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PHIPPS, JAMES M.</b>	
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENBERG, ARTHUR A</b>	
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LIEBENTRITT, DONALD J</b>	
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, ANN M</b>	
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVENS, STANLEY M</b>	
STREET ADDRESS	<b>2 NORTH RIVERSIDE PLAZA</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>6.2</b> NAME	<b>Director</b>
<b>6.3</b> STREET ADDRESS	<b>Stonebraker, Kelly</b>
<b>6.4</b> CITY-ST-ZIP	<b>2 N. Riverside Plaza Chicago, IL 60606</b>

**14.** 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 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: \_\_\_\_\_ **APR 09 1998** 312 4166 3657

CR2E034 (10/97)