



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2005 90001 010 ***150.00

DOCUMENT # F93000003087					
1. Entity Name EQR-BRETON HAMMOCKS VISTAS, INC.					
Principal Place of Business C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US		Mailing Address C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US			
2. Principal Place of Business c/o Barbara Shuman Suite, Apt. #, etc. Two N. Riverside Plaza City & State Chicago, IL Zip 60606 Country Cook		3. Mailing Address c/o Barbara Shuman Suite, Apt. #, etc. Two N. Riverside Plaza City & State Chicago, IL Zip 60606 Country Cook USA		 04222005 Chg-P CR2E034 (10/03)	
4. FEI Number 36-3907873		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD FORT LAUDERDALE, 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 _____ (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 P	STONEBRAKER, KELLY 2 N. RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE PD	Stephen M. Gordon Two N. Riverside Plaza, Ste. 400 Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NESTI, PARTICIA 2 N. RIVERSIDE PLAZA CHICAGO, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	GREENBERG, ARTHUR 2 N. RIVERSIDE PLAZA CHICAGO, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HERMANN, WILLIAM 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VD	James Phipps Two N. Riverside Plaza, Ste. 400 Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS	TOMILLO, KARYN TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VAS	Barbara Shuman Two N. Riverside Plaza, Ste. 400 Chicgo, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	HERMANN, WILLIAM 203 N. RIVERSIDE PLAZA CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VSD	Arthur A. Greenberg Two N. Riverside Plaza, Ste. 400 Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Barbara Shuman</u>			Barbara Shuman, Asst. Sec. 6/3/05 312-474-1300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		