


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90011 050 ***150.00

DOCUMENT # F93000003087
 1. Entity Name
 EQR-BRETON HAMMOCKS VISTAS, INC.



Principal Place of Business: C/O BARBARA SHUMAN, TWO N. RIVERSIDE PLAZA, CHICAGO, IL 60606 US
 Mailing Address: C/O BARBARA SHUMAN, TWO N. RIVERSIDE PLAZA, CHICAGO, IL 60606 US

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

40108031



04202007 Chg-P CR2E034 (12/06)

4. FEI Number: 36-3907873
 Applied For: Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORDON, STEPHEN M	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA, STE. 400	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NESTI, PARTICIA	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO, IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREENBERG, ARTHUR	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO, IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PHIPPS, JAMES	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA, STE. 400	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	SHUMAN, BARBARA	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA, STE. 400	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA, STE. 400	
CITY-ST-ZIP	CHICAGO, IL 60606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFELUE, MICHELLE	
STREET ADDRESS	TWO N RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MICHELLE LAFELUE 4.27.07 312 474 1360
Signature and typed or printed name of signing officer or director Date Daytime Phone #