

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003087

FILED  
Mar 10, 2011  
Secretary of State

**Entity Name:** EQR-BRETON HAMMOCKS VISTAS, INC.

**Current Principal Place of Business:**

C/O MICHELLE LAPELLE  
TWO N. RIVERSIDE PLAZA  
CHICAGO, IL 60606 US

**New Principal Place of Business:**

2 N RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606 US

**Current Mailing Address:**

C/O MICHELLE LAPELLE  
TWO N. RIVERSIDE PLAZA  
CHICAGO, IL 60606 US

**New Mailing Address:**

2 N RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606 US

**FEI Number:** 36-3907873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
FORT LAUDERDALE, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CRIZ, JESSE  
Address: TWO N. RIVERSIDE PLAZA, STE. 400  
City-St-Zip: CHICAGO, IL 60606

Title: VD  
Name: NESTI, PARTICIA  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL

Title: T  
Name: GREENBERG, ARTHUR  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL

Title: VD  
Name: PHIPPS, JAMES  
Address: TWO N. RIVERSIDE PLAZA, STE. 400  
City-St-Zip: CHICAGO, IL 60606

Title: VAS  
Name: LAPELLE, MICHELLE  
Address: 2 N RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

Title: VSD  
Name: GREENBERG, ARTHUR A  
Address: TWO N. RIVERSIDE PLAZA, STE. 400  
City-St-Zip: CHICAGO, IL 60606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE LAPELLE

VAS

03/10/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date