


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 013 ***150.00

DOCUMENT # F93000004021

1. Entity Name
EQR-SWN LINE VISTAS, INC.



Principal Place of Business
**C/O L. CURRIE
 2 NORTH RIVERSIDE PLAZA, #400
 CHICAGO, IL 60606**

Mailing Address
**C/O L. CURRIE
 2 NORTH RIVERSIDE PLAZA, #400
 CHICAGO, IL 60606**

94067638



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
36-3906988

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION
 1200 S. PINE ISLAND RD.
 FORT LAUDERDALE, FL 33324**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
STONEBRAKER, KELLY
 STREET ADDRESS **203 N. LASALLE, SUITE 1800**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Change Addition
 NAME *Stonebraker Kelly*
 STREET ADDRESS *2 N. Riverside Plaza*
 CITY-ST-ZIP *Chicago, IL 60606*

TITLE Delete
 NAME **VP**
NESTI, PATRICIA
 STREET ADDRESS **2 N. RIVERSIDE PLAZA**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
GREENBERG, ARTHUR A
 STREET ADDRESS **2 N. RIVERSIDE PLAZA**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
HERMANN, WILLIAM
 STREET ADDRESS **203 N. LASALLE, SUITE 1800**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Change Addition
 NAME *Hermann William*
 STREET ADDRESS *2 N. Riverside Plaza*
 CITY-ST-ZIP *Chicago, IL 60606*

TITLE Delete
 NAME **AS**
TOMILLO, KARYN
 STREET ADDRESS **TWO N. RIVERSIDE PLAZA, SUITE 400**
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
HERMANN, WILLIAM
 STREET ADDRESS **203 N. LASALLE, SUITE 1800**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Change Addition
 NAME *Hermann, William*
 STREET ADDRESS *2 N. Riverside Plaza*
 CITY-ST-ZIP *Chicago, IL 60606*

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: Karyn L Tomillo **KARYN L. TOMILLO** 4-21-04 312-4747300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #