


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

06-07-2005 90001 009 \*\*\*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	
2. Principal Place of Business c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza City & State Chicago, IL 60606		3. Mailing Address c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza City & State Chicago, IL 60606	
Zip 60606		Country Cook USA	
6. Name and Address of Current Registered Agent CT CORPORATION 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STONEBRAKER, KELLY STREET ADDRESS 2 N RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Stephen M. Gordon STREET ADDRESS 2 N. Riverside Plaza, Ste. 400 CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME NESTI, PATRICIA STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME GREENBERG, ARTHUR A STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HERMANN, WILLIAM STREET ADDRESS 2 N RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VD NAME James Phipps STREET ADDRESS 2 N. Riverside Plaza, Ste. 400 CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME TOMILLO, KARYN STREET ADDRESS TWO N. RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VAS NAME Barbara Shuman STREET ADDRESS 2 N. Riverside Plaza, Ste. 400 CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME HERMANN, WILLIAM STREET ADDRESS 2 N RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VSD NAME Arthur A. Greenberg STREET ADDRESS 2 N. Riverside Plaza, Ste. 400 CITY-ST-ZIP 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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Barbara Shuman, Asst. Sec. 6/3/05 312-474-1300 Date Daytime Phone #	

