


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-07-2003 90994 014 ***150.00

DOCUMENT # F93000005657

1. Entity Name
EQR-VILLAGE GREEN VISTAS, INC.



Principal Place of Business
**C/O L. CURRIE
2 N. RIVERSIDE PALZA. #400
CHICAGO IL 60606**

Mailing Address
**C/O L. CURRIE
2 N. RIVERSIDE PALZA. #400
CHICAGO IL 60606**

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

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

City & State

City & State

Zip Country

Zip Country

4. FEI Number **36-3926660** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY RD.
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd

City **Plantation** State **FL** Zip Code **33324**

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  **Christine M. Eastwing**
Assistant Secretary

DATE **4/28/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME	V NESTI, PATTI	<input type="checkbox"/> Delete
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE NAME	TV GREENBERG, ARTHUR A	<input type="checkbox"/> Delete
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE NAME	DP STONEBRAKER, KELLY	<input type="checkbox"/> Delete
STREET ADDRESS	203 NORTH LASALLE, SUITE 1800	
CITY-ST-ZIP	CHICAGO IL	
TITLE NAME	S HERMANN, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	203 NORTH LASALLE STREET, SUITE 1800	
CITY-ST-ZIP	CHICAGO IL	
TITLE NAME	AS TOMILLO, KARYN	<input type="checkbox"/> Delete
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE NAME	D STONEBRAKER, KELLY	<input type="checkbox"/> Delete
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	
CITY-ST-ZIP	CHICAGO IL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:  **Patricia Nesti** **3/24/03** **312-474-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)