


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2005 90001 008 ***150.00

DOCUMENT # F94000002195			
1. Entity Name EQR-PINE HARBOUR VISTAS, INC.			
Principal Place of Business C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US		Mailing Address C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US	
2. Principal Place of Business c/o Barbara Shuman		3. Mailing Address c/o Barbara Shuman	
Suite, Apt. #, etc. 2 N. Riverside Plaza		Suite, Apt. #, etc. 2 N. Riverside Plaza	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606	Country Cook	Zip 60606	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	STONEBRAKER, KELLY <input checked="" type="checkbox"/> Delete	TITLE PD	Stephen M. Gordon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONEBRAKER, KELLY	NAME	Stephen M. Gordon
STREET ADDRESS	2 N RIVERSIDE PLAZA	STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, IL 60606
TITLE V	NESTI, PATRICIA <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTI, PATRICIA	NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL	CITY-ST-ZIP	
TITLE T	GREENBERG, ARTHUR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR	NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL	CITY-ST-ZIP	
TITLE D	HERMANN, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE YD	James Phipps <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANN, WILLIAM	NAME	James Phipps
STREET ADDRESS	2 N RIVERSIDE PLAZA, STE 400	STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, IL 60606
TITLE AS	TOMILLO, KARYN <input checked="" type="checkbox"/> Delete	TITLE VAS	Barbara Shuman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMILLO, KARYN	NAME	Barbara Shuman
STREET ADDRESS	TWO N. RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	Chicago, IL 60606
TITLE S	HERMANN, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE VSD	Arthur A. Greenberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMANN, WILLIAM	NAME	Arthur A. Greenberg
STREET ADDRESS	2 N RIVERSIDE PLAZA	STREET ADDRESS	2 N. Riverside Plaza
CITY-ST-ZIP	CHICAGO, IL 60606	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: <u>Barbara Shuman</u>		Babara Shuman, Asst. Sec., 6/3/05 312-474-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

