

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002195

FILED
Mar 02, 2010
Secretary of State

Entity Name: EQR-PINE HARBOUR VISTAS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 36-3953032 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.
PLANTATION, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: CRIZ, JESSE
Address: 2 N RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: V
Name: NESTI, PATRICIA
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: 2 N RIVERSIDE PLAZA
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: 2 N RIVERSIDE PLAZA
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

03/02/2010

Electronic Signature of Signing Officer or Director

_____ Date