


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

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

04-07-2003 90994 017 ***150.00

DOCUMENT # F94000003773

1. Entity Name
EQR-HERON RUN VISTAS, INC.



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

Mailing Address
**C/O L. CURRIE
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

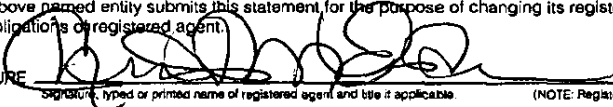
4. FEI Number **36-3991100** Applied For Not Applicable

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 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. Eastwood** DATE **4/23/03**


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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONEBRAKER, KELLY 203 N. LASALLE, SUITE 1800 CHICAGO IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NESTI, PATRICIA 2 N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENBERG, ARTHUR 2 N. RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERMANN, WILLIAM 203 N. LASALLE, SUITE 1800 CHICAGO IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMANN, WILLIAM 203 N. LASALLE, SUITE 1800 CHICAGO IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TOMILLO, KARYN TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO IL 60606	<input type="checkbox"/> Delete	TITLE NAME 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:  SIGNATURE REQUIRED
Date **3/24/03** Daytime Phone # **312-474-1300**

CFR2E034 (10/02)