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	CONTACT NAME:	,	
			
	CORPORATION NAME:	EQR-Paradise Poi	nte Vistas, Inc.
			•
	DOCUMENT NUMBER:(if applicable)		
	AUTHORIZATION:	C. Woodward	. ئــ ــــــــ
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Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: EQR- Paradise Pointe Vistas, Inc.
2. The mailing address of the corporation is: 2 North Rvierside Plaza, Chicago, IL 60606
3. Date of incorporation/qualification: 11/2/94 Document number: F94000005681
4. The name and address of the current registered agent and office:
The Prentice-Hall Corporation Systems, Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32311
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
LEXIS Document Services Inc.
3053 IVI Vollar Pool
3953 WW Kelley Road
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
8/18/89
(Signature of an officer, chairman or vice chairman of the board) (Date)
Ann Schneider, Sec 8/18/99
(Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
authory Emaily - 8/18/99
(Signature of Régistered Agent) (Date) If signing on behalf of an entity:
Lexis Document Services Inc.
(Typed or Printed Name) (Capacity)
CR2E045(4/95) FILING FEE: \$35.00