

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90166 019 ***150.00

DOCUMENT # F94000005681

1. Entity Name
EQR-PARADISE POINTE 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3990119		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY RD. TALLAHASSEE FL 32311				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONEBRAKER, KELLY			NAME			
STREET ADDRESS	203 N. LASALLE, SUITE 1800			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input 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	<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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMANN, WILLIAM			NAME			
STREET ADDRESS	203 N. LASALLE, SUITE 1800			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMILLO, KARYN			NAME			
STREET ADDRESS	TWO N. RIVERSIDE PLAZA, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERMANN, WILLIAM			NAME			
STREET ADDRESS	203 N. LASALLE, SUITE 1800			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL			CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Nesti* DATE: 1/11/02 DAYTIME PHONE #: 312 474-1300

CR2E034 (9/01)