


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2005 90001 007 ***150.00

DOCUMENT # F94000005681						
1. Entity Name EQR-PARADISE POINTE VISTAS, INC.						
Principal Place of Business C/O L. CURRIE 2 N. RIVERSIDE PLAZA #400 CHICAGO, IL 60606 US			Mailing Address C/O L. CURRIE 2 N. RIVERSIDE PLAZA #400 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 60606		City & State Chicago, IL 60606		4. FEI Number 36-3990119		
Zip 60606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent			
			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 _____						
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	STONEBRAKER, KELLY 2 NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606		<input checked="" type="checkbox"/> Delete	TITLE PD	Stephen M. Gordon Two N. Riverside Plaza Chicago, IL 60606	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE V	NESTI, PATRICIA 2 N. RIVERSIDE PLAZA CHICAGO, IL		<input type="checkbox"/> Delete	TITLE Change		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE T	GREENBERG, ARTHUR 2 N. RIVERSIDE PLAZA CHICAGO, IL		<input type="checkbox"/> Delete	TITLE Change		
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE D	HERMANN, WILLIAM 2 NORTH RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606		<input checked="" type="checkbox"/> Delete	TITLE VD	James Phipps 2 N. Riverside Plaza, Chicago, IL 60606	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE AS	TOMILLO, KARYN TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606		<input checked="" type="checkbox"/> Delete	TITLE VAS	Barbara Shuman Two N. Riverside Plaza Chicago, IL 60606	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE S	HERMANN, WILLIAM 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606		<input checked="" type="checkbox"/> Delete	TITLE VSD	Arthur Greenberg Two N. Riverside Plaza Chicago, IL 60606	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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)(l), 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>			Barbara Shuman, Asst. Sec., 6/3/05 312-474-1300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			

