


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

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

04-07-2003 90994 018 ***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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
City & State

Zip Country
Zip Country

4. FEI Number **36-3990119**

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. Eastwing**
Assistant Secretary

(NOTE: Registered Agent signature required when registering)

DATE: **4/23/03**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	STONEBRAKER, KELLY	203 N. LASALLE, SUITE 1800	CHICAGO IL	<input type="checkbox"/>
VD	NESTI, PATRICIA	2 N. RIVERSIDE PLAZA	CHICAGO IL	<input type="checkbox"/>
T	GREENBERG, ARTHUR	2 N. RIVERSIDE PLAZA	CHICAGO IL	<input type="checkbox"/>
D	HERMANN, WILLIAM	203 N. LASALLE, SUITE 1800	CHICAGO IL	<input type="checkbox"/>
AS	TOMILLO, KARYN	TWO N. RIVERSIDE PLAZA, SUITE 400	CHICAGO IL 60606	<input type="checkbox"/>
S	HERMANN, WILLIAM	203 N. LASALLE, SUITE 1800	CHICAGO IL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **Patricia Nesti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/24/03** Daytime Phone #: **312-474-1300**

CR2E034 (10/02)