

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005683 (7)

1. Corporation Name
EQR-PORT ROYALE VISTAS, INC.



Principal Place of Business Mailing Address
**C/O ANN M. SCHNEIDER
2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606**

3. Date Incorporated or Qualified **11/02/1994** 3a. Date of Last Report **03/10/1995**
4. FEI Number **39-3990116** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBENTRITT, DONALD J	1.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, JAMES M	2.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M	3.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A	4.2 NAME	TV
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	4.3 STREET ADDRESS	Greenberg, Arthur A.
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	2 N. Riverside Plaza
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	Chicago, IL 60606
NAME	KOSFELD, MARLENE C	5.2 NAME	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Stanley M. Stevens
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2 N. Riverside Plaza
			Chicago, IL 60606

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ann M. Schneider, Secretary

2/1/96 312-466-3607
Date: _____ Du:Zone Phone # _____

CR2E034 (12/95)