


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 016 ***150.00

DOCUMENT # F94000005683	
1. Entity Name EQR-PORT ROYALE VISTAS, INC.	

Principal Place of Business C/O L. CURRIE 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606	Mailing Address C/O L. CURRIE 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 39-3990116	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD FORT LAUDERDALE, 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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	STONEBRAKER, KELLY
STREET ADDRESS	203 N. LASALLE, SUITE 1800
CITY-ST-ZIP	CHICAGO, IL
TITLE	<input type="checkbox"/> Delete
NAME	NESTI, PATRICIA
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO, IL
TITLE	<input type="checkbox"/> Delete
NAME	GREENBERG, ARTHUR
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO, IL
TITLE	<input type="checkbox"/> Delete
NAME	HERMANN, WILLIAM
STREET ADDRESS	203 N. LASALLE, SUITE 1800
CITY-ST-ZIP	CHICAGO, IL
TITLE	<input type="checkbox"/> Delete
NAME	TOMILLO, KARYN
STREET ADDRESS	TWO N. RIVERSIDE PLAZA, SUITE 400
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	<input type="checkbox"/> Delete
NAME	HERMANN, WILLIAM
STREET ADDRESS	203 N. LASALLE, SUITE 1800
CITY-ST-ZIP	CHICAGO, IL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stonebraker, Kelly
STREET ADDRESS	2 N. Riverside Plaza, Ste 400
CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hermann, William
STREET ADDRESS	2 N. Riverside Plaza, Ste 400
CITY-ST-ZIP	Chicago, IL 60606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hermann, William
STREET ADDRESS	2 N. Riverside Plaza, Ste 400
CITY-ST-ZIP	Chicago, IL 60606

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:	Karyn L. Tomillo	4-21-04	312-474-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #