


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

06-07-2005 90001 015 \*\*\*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**

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**


City & State  
**Chicago, IL**

Zip  
**60606**

Country  
**Cook**

Zip  
**60606**

Country  
**USA**



04222005 Chg-P CR2E034 (10/03)

4. FEI Number  
**39-3990116**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

5. 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Stephen M. Gordon</b> <b>2 N. Riverside Plaza, Ste. 400</b> <b>Chicago, IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>NESTI, PATRICIA</b> <b>2 N. RIVERSIDE PLAZA</b> <b>CHICAGO, IL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GREENBERG, ARTHUR</b> <b>2 N. RIVERSIDE PLAZA</b> <b>CHICAGO, IL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>James Phipps</b> <b>2 N. Riverside Plaza, Ste. 400</b> <b>Chicago, IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>Barbara Shuman</b> <b>2 N. Riverside Plaza; Ste. 400</b> <b>Chicago, IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>Arthur A. Greenberg</b> <b>2 N. Riverside Plaza, Ste. 400</b> <b>Chicago, IL 60606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Shuman **Barbara Shuman, Asst. Sec.** 6/3/05 **312-474-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **1300**