

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005683

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: EQR-PORT ROYALE VISTAS, INC.

## Current Principal Place of Business:

C/O BARBARA SHUMAN  
2 NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

## New Principal Place of Business:

C/O MICHELLE LAPELLE  
2 NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

## Current Mailing Address:

C/O BARBARA SHUMAN  
2 NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

## New Mailing Address:

C/O MICHELLE LAPELLE  
2 NORTH RIVERSIDE PLAZA  
CHICAGO, IL 60606

FEI Number: 39-3990116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
FORT LAUDERDALE, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GORDON, STEPHEN M  
Address: 2 N. RIVERSIDE PLAZA, STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete  
Name: NESTI, PATRICIA  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL

Title: T ( ) Delete  
Name: GREENBERG, ARTHUR  
Address: 2 N. RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL

Title: VD ( ) Delete  
Name: PHIPPS, JAMES  
Address: 2 N. RIVERSIDE PLAZA, STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: VAS ( ) Delete  
Name: LAPELLE, MICHELLE  
Address: TWO N. RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: VSD ( ) Delete  
Name: GREENBERG, ARTHUR A  
Address: 2 N. RIVERSIDE PLAZA, STE 400  
City-St-Zip: CHICAGO, IL 60606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CRIZ, JESSE  
Address: 2 N. RIVERSIDE PLAZA, STE 400  
City-St-Zip: CHICAGO, IL 60606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE LAPELLE

MS

01/17/2008

Electronic Signature of Signing Officer or Director

Date