

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0619877 AV

DOCUMENT # F94000005683



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

04-07-2003 90994 013 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-3990116**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY RD.
TALLAHASSEE FL 32311**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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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: **SIGNATURE REQUIRED** *Patricia Nesti* 3/24/03 302-474-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)