


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2005 90001 013 ***150.00

DOCUMENT # F99000006325

1. Entity Name
 EQR-GOVERNOR'S VISTAS, INC.



Principal Place of Business
 TWO NORTH RIVERSIDE PLAZA, SUITE 400
 CHICAGO, IL 60606

Mailing Address
 TWO NORTH RIVERSIDE PLAZA, SUITE 400
 CHICAGO, IL 60606



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05122005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
 36-3886883

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD FORT LAUDERDALE, FL 33324		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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERMANN, WILLIAM C 2 N RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Arthur A. Greenberg Two N. Riverside Plaza, Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPPS, JAMES 203 N. LASALLE ST., STE. 1800 CHICAGO, IL 60601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STONEBRAKER, KELLY 2 N RIVERSIDE PLAZA CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stephen M. Gordon Two N. Riverside Plaza Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOLEY, LESLIE TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENBERG, ARTHUR A TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NESTI, PATTI TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Barbara Shuman Two N. Riverside Plaza Chicago, IL 60606 <input type="checkbox"/> Change <input checked="" 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., 6/3/05 312-474-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #