


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90011 043 ***150.00

DOCUMENT # F99000006325

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40108058



0420207 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
36-3886883 Not Applicable

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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VDS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR			NAME			
STREET ADDRESS	2 N RIVERSIDE PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHIPPS, JAMES			NAME			
STREET ADDRESS	203 N. LASALLE ST., STE. 1800			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60601			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, STEPHEN M			NAME			
STREET ADDRESS	TWO N RIVERSIDE PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60606			CITY-ST-ZIP			
TITLE	VAS	<input checked="" type="checkbox"/> Delete		TITLE	VAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHUMAN, BARBARA			NAME	MICHELLE LAPELLE		
STREET ADDRESS	TWO N RIVERSIDE PLAZA			STREET ADDRESS	Two North Riverside Plaza, Ste. 400		
CITY-ST-ZIP	CHICAGO, IL 60606			CITY-ST-ZIP	Chicago, IL 60606		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60606			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NESTI, PATTI			NAME			
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60606			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mic* MICHELLE LAPELLE 4.27.07 312 474 1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #