

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001376

**Entity Name:** EQR-SHADOW CREEK, L.L.C.

**Current Principal Place of Business:**

TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606

**Current Mailing Address:**

TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606 US

**FEI Number:** 20-0971072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           EVANS WITHYCOMBE FINANCE  
                  PARTNERSHIP, L.P.  
Address        TWO NORTH RIVERSIDE PLAZA  
                  SUITE 400  
City-State-Zip: CHICAGO IL 60606

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EVANS WITHYCOMBE FINANCE PARTNERSHIP, L.P. MANAGER

04/06/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date