

2015 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

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

04/12/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date