2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003087

Entity Name: EQR-BRETON HAMMOCKS VISTAS, INC.

Current Principal Place of Business:

2 N RIVERSIDE PLAZA SUITE 400

CHICAGO, IL 60606

Current Mailing Address:

2 N RIVERSIDE PLAZA SUITE 400

CHICAGO, IL 60606 US

FEI Number: 36-3907873 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD FORT LAUDERDALE, 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

FILED Apr 12, 2013

Secretary of State

CC4375171124

Officer/Director Detail:

Title PD Title VD

Name CRIZ, JESSE Name NESTI, PARTICIA

Address TWO N. RIVERSIDE PLAZA, STE. 400 Address 2 N. RIVERSIDE PLAZA

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL

Title T Title VD

Name GREENBERG, ARTHUR Name PHIPPS, JAMES

Address 2 N. RIVERSIDE PLAZA Address TWO N. RIVERSIDE PLAZA, STE. 400

City-State-Zip: CHICAGO IL City-State-Zip: CHICAGO IL 60606

Title VAS Title VSD

Name LAPELLE, MICHELLE Name GREENBERG, ARTHUR A

Address 2 N RIVERSIDE PLAZA Address TWO N. RIVERSIDE PLAZA, STE. 400

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title VP

Name GROGAN, LINDA

Address 2 N 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 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE LAPELLE ASSISTANT SECRETARY 04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date