2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003087

Entity Name: EQR-BRETON HAMMOCKS VISTAS, INC.

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: 36-3907873

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

Officer/Director Detail :

Title	VP, TREASURER, SECRETARY, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	GREENBERG, ARTHUR A.	Name	CRIZ, JESSE
Address	TWO NORTH RIVERSIDE PLAZA	Address	TWO NORTH RIVERSIDE PLAZA SUITE 400
City-State-Zip:	SUITE 400 CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
T '0.		Title	VP, DIRECTOR
Title	ASSISTANT SECRETARY, VP	Name	NESTI, PATRICIA
Name Address	MAHER, CHRISTOPHER A. TWO NORTH RIVERSIDE PLAZA	Address	TWO NORTH RIVERSIDE PLAZA SUITE 400
		City-State-Zip:	CHICAGO IL 60606
City-State-Zip:	CHICAGO IL 60606		
Title	VP. DIRECTOR	Title	VP
Name	PHIPPS, JAMES M.	Name	GROGAN, LINDA
Address	TWO NORTH RIVERSIDE PLAZA	Address	TWO NORTH RIVERSIDE PLAZA SUITE 400
City-State-Zip:	SUITE 400 CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	VP		
Name	HASKELL, SHELANDA D.		
Address	TWO NORTH RIVERSIDE PLAZA SUITE 400		

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: CHRISTOPHER A. MAHER

City-State-Zip: CHICAGO IL 60606

ASSISTANT SECRETARY 04/08/2016

Electronic Signature of Signing Officer/Director Detail

FILED Apr 08, 2016 Secretary of State CC9326733784

Certificate of Status Desired: No

Date

Date