

# B020000000248

## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2035366-1  
(Sub Account)

DATE: 7-12-02

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME: Evans Withycombe Residential L.P.

DOCUMENT NUMBER: File Foreign L.P.  
(If applicable)

AUTHORIZATION: Cynthia J. Woodyard

- ☐ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☒ PLAIN STAMPED COPY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 12 PM 1:42

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TC  
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Evans Withycombe Residential, LP.  
(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;  
must contain the word "LIMITED" or "LTD.")

3. DE 4. 8/1/94  
(State of Formation) (Date of Formation)

5. LexisNexis Document Solutions Inc.  
(Name of Registered Agent for Service of Process)

6. 3953 W.W. Kelley Road  
(Street Address of Registered Office)

Tallahassee, Florida 32311  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Michelle Kröfel, Asst. Secretary of LexisNexis Document Solutions Inc.  
(Agent must sign on this line)

8. Two N. Riverside Plaza, Ste. 400

Chicago IL 60606  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

B93000000305  
ERP Operating Limited Partnership, Two N. Riverside  
Plaza, Ste. 400, Chicago, IL 60606

10. Two N. Riverside Plaza, Ste. 400, Chicago, IL 60606  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. Two N. Riverside Plaza, Ste. 400

Chicago, IL 60604

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11<sup>th</sup> day of July, 2002  
ERP. Operating Limited Partnership  
By: Equity Residential, AS GP  
Shelley D. Duncanson  
General Partner Just VP

STATE OF IL

COUNTY OF Cook

On this 11<sup>th</sup> day of July, 2002

Shelley Duncanson, personally appeared before

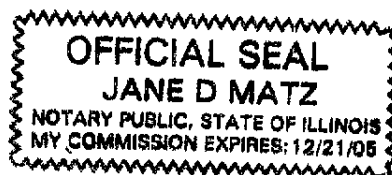
☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jane D. Matz  
(Notary Public Signature)

Jane S. Matz  
(Notary's Printed Name)



Seal

My Commission Expires: \_\_\_\_\_

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Shelley Duncel, First VP of \*  
a general partner of Evans Withycombe Residential, LP, a (an) DE  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 0.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11<sup>th</sup> day of July, 2002  
ERP Operating Limited Partnership  
By: Equity Residential  
Shelley Duncel  
General Partner First VP

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF IL  
COUNTY OF Cook

\* Equity Residential GP for  
ERP Operating LP GP of  
Evans Withycombe Residential LP

On this 11<sup>th</sup> day of July, 2002,

Shelley Duncel, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Jane D. Matz  
(Notary Public Signature)

Jane D. Matz  
(Notary's Printed Name)



Seal

My Commission Expires: \_\_\_\_\_