

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000311

1. Entity Name

EQUITY RESIDENTIAL PROPERTIES MANAGEMENT LIMITED PARTNERSHIP

Principal Place of Business

ATTN: L. CURRIE
2 NORTH RIVERSIDE PLAZA, SUITE 450
CHICAGO IL 60606

Mailing Address

% MARIANN DEMKOVICH
2 N. RIVERSIDE PLAZA, SUITE 450
CHICAGO IL 60606

FILED
01 FEB -8 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3898619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$47,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$12

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # B93000000305
NAME ERP OPERATING LIMITED PARTNERSHIP
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL 60606

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/19/01 312-474-1300

CR2E003 (11/00)

B93000000311 (2)

ACCOUNT NUMBER: FCA0000000005

REFERENCE: 2026810-1
(Sub Account)

DATE: 2-8

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: B93-311

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

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

() Call When Ready () Call if Problem () After 4:30
() Walk In () Will Wait () Pick Up
() Mail Out

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 FEB -8 PM 1:15

RECEIVED

141.25

7/2 2/8