

2000 UNIFORM BUSINESS REPORT (UBR)

0012413

DOCUMENT # B94000000519

1. Entity Name
EQUITY RESIDENTIAL PROPERTIES MANAGEMENT LIMITED

Principal Place of Business: **2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606**
Mailing Address: **% MARIANN DEMKOVICH 2 N. RIVERSIDE PLAZA, SUITE 450 CHICAGO IL 60606-2609**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 13 PM 1:16



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **36-4001552** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,151,935.00**

10. Amount of Capital Contributions in FLORIDA to date. **-0-**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	500003097495--5
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	NYC
CITY - ST - ZIP	11/3/00
STREET ADDRESS	
CITY - ST - ZIP	

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 REQUIRED** *[Signature]* of GP of GP **11/10/2000** **312-474-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

B9400000519

ACCOUNT FILING COVER SHEET FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ACCOUNT NUMBER: FCA00000005

00 JAN 13 PM 1:16

REFERENCE: 2020909
(Sub Account)

DATE: 1-13

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____ - _____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: _____

DOCUMENT NUMBER: B94-519
(if applicable)

AUTHORIZATION: C. Woodyard

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

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

RECEIVED
00 JAN 13 AM 11:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

141.25

NYC
1/13/00