

# 2000 UNIFORM BUSINESS REPORT (UBR)

001813 A

<b>DOCUMENT # B94000000519</b>			
1. Entity Name <b>EQUITY RESIDENTIAL PROPERTIES MANAGEMENT LIMITED</b>			
Principal Place of Business <b>2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606</b>		Mailing Address <b>% MARIANN DEMKOVICH 2 N. RIVERSIDE PLAZA, SUITE 450 CHICAGO IL 60606-2609</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$1,151,935.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>-0-</b>	
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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>B93000000305 ERP OPERATING LIMITED PARTNERSHIP 2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>500003097495--5</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>h/k 1/13/00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 13 PM 1:16



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-4001552</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *GP of GP* **DATE** *1/10/2000* **DAYTIME PHONE #** *312-474-1300*

B94000000519

ACCOUNT FILING COVER SHEET  
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DIVISION OF CORPORATIONS

ACCOUNT NUMBER: FCA000000005

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:  
(if applicable)

B94-519

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