

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000519

1. Entity Name

EQUITY RESIDENTIAL PROPERTIES MANAGEMENT LIMITED

FILED

01 FEB -8 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4001552

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

\$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

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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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/29/01

312-474-1300
Daytime Phone #

0016921 AF

CR2E003 (11/00)

B9400000519

ACCOUNT FILING COVER SHEET

(2)

ACCOUNT NUMBER:

FCA000000005

REFERENCE:
(Sub Account)

2026810-2

DATE:

2-8

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

() () ext ()

CONTACT NAME:

CORPORATION NAME:

B94-519

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. 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

141.25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 FEB -8 PM 1:15

RECEIVED

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA