


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 011 ***150.00

DOCUMENT # F02000000892					
1. Entity Name EQR-LINCOLN VILLAGE II VISTAS, INC.					
Principal Place of Business TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606			Mailing Address TWO NORTH RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606		
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			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD FORT LAUDERDALE, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONEBRAKER, KELLY		NAME	Stephen M. Gordon	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS	Two N. Riverside Plaza	
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHIPPS, JAMES		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESTI, PATTI		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLEY, LESLIE		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOMILLO, KARYN		NAME	Barbara Shuman	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS	Two N. Riverside Plaza	
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP	Chicago, IL 60606	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, ARTHUR		NAME		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Barbara Shuman, Asst. Sec., 6/3/05 312-474-		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 1300		