2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-07-2003 90994 011 ***150.00

J30030072

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
Suite, Apt. #, etc.
City & State
Zip | Country

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-3907904 | 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 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd
City Plantation FL Zip Code 33324

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 Christine M. Eastwine, Assistant Secretary — DATE 3/7/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STONEBRAKER, KELLY	NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOMILLO, KARYN	NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREENBERG, ARTHUR	NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED Patrick Nesti — Date 3/24/03 — Daytime Phone # 312-474-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR