


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90064 023 \*\*\*150.00

<b>DOCUMENT # F93000003087</b> 1. Entity Name <b>EQR-BRETON HAMMOCKS VISTAS, INC.</b>					
Principal Place of Business <b>C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US</b>			Mailing Address <b>C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>36-3907873</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
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		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONEBRAKER, KELLY 203 N. LASALLE, SUITE 1800 CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stonebraker, Kelly 2 N. Riverside Plaza, Ste 400 Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NESTI, PARTICIA 2 N. RIVERSIDE PLAZA CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENBERG, ARTHUR 2 N. RIVERSIDE PLAZA CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMANN, WILLIAM 203 N. LASALLE, SUITE 1800 CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hermann, William 2 N. Riverside Plaza Chicago IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TOMILLO, KARYN TWO N. RIVERSIDE PLAZA, SUITE 400 CHICAGO, IL 60606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERMANN, WILLIAM 203 N. LASALLE, SUITE 1800 CHICAGO, IL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hermann, William 203 N. Riverside Plaza Chicago, IL 60606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Karyn L. Tomillo</u> KARYN L. TOMILLO 4-21-04 3p-474-1300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					