


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2004 90064 015 ***150.00

DOCUMENT # F94000002195	
1. Entity Name EQR-PINE HARBOUR VISTAS, INC.	

Principal Place of Business C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US	Mailing Address C/O L. CURRIE 2 N. RIVERSIDE PLAZA CHICAGO, IL 60606 US
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94067636



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 36-3953032		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 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 PLANTATION, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Stonebraker, Kelly 2 N. Riverside Plaza Chicago, IL 60606</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NESTI, PATRICIA 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Hermann, William 2 N. Riverside Plaza, Ste 400 Chicago, IL 60606</i>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Hermann, William 2 N. Riverside Plaza Chicago, IL 60606</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(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:

Karyn L. Tomillo **KARYN L. TOMILLO**

4-21-04

312-474-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #