



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2005 90001 008 ***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		
2. Principal Place of Business c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza		3. Mailing Address c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza			
City & State Chicago, IL		City & State Chicago, IL		04222005 Chg-P CR2E034 (10/03)	
Zip Country 60606 Cook		Zip Country 60606 USA		4. FEI Number 36-3953032	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 2 N RIVERSIDE PLAZA CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Stephen M. Gordon 2 N. Riverside Plaza Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NESTI, PATRICIA 2 N. RIVERSIDE PLAZA CHICAGO, IL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" 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 2 N RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE YD NAME STREET ADDRESS CITY-ST-ZIP	James Phipps 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 checked="" type="checkbox"/> Delete	TITLE VAS NAME STREET ADDRESS CITY-ST-ZIP	Barbara Shuman 2 N. Riverside Plaza Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERMANN, WILLIAM 2 N RIVERSIDE PLAZA CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete	TITLE VSD NAME STREET ADDRESS CITY-ST-ZIP	Arthur A. Greenberg 2 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>Barbara Shuman</u> Babara Shuman, Asst. Sec., 6/3/05 312-474-1300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					