FILED May 08, 2007 8:00 am

ANNUAL REPORT	חי
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ANNUAL REPORT							Secretary of State				
DOCUMENT # F9400002195 1. Entity Name EQR-PINE HARBOUR VISTAS, INC.								05-08-2007			
						100					
Principal Place of Business Mailing Address					·		Antac	,00-			
C/O BARBARA SHUMAN				C/O BARBARA SHUMAN			40-				
2 N. RIVERSIDE PLAZA			2 N. RIVERSIDE PLAZA								
CHICAGO, IL 60606 US			CHICAGO, IL 60606 US			LIBRIGA MAT	BIIL BIDII GBIM BRIII BBA			(B.B.) 11 (B.B.)	
Principal Place of Business - No P.O. Box #			3. Mailing Address								
·			Suite, Apt. #, etc.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	### ##################################			IOSI (3 IOSI	
Suite, Apt. #, etc.						04202007					
City & State			City & State			4. FEI Number 36-3953			1 1	t Applicable	
Zıp		Country	Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent				7. Name and A	Address of New R	legistered A	gent	
OT 0000	00471011	OVOTER			Name						
CT CORPORATION SYSTEM: 1200 S. PINE ISLAND RD.				Street Address			(P.O. Box Number is Not Acceptable)				
PLANTATION, FL 33324											
. .	•				City				FL	Zip Code	3
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											
7		•									
SIGNATURE	Signature typed	or printed name of registered agent	and little if applicable (NC	DIE Registers	xı Agent signatu	ite required	when reinstating)		DATE		
•											
		FEE IS \$159.00 7 Fee will be \$550.	9. Election Camp Trust Fund Co		ncing	\$5 . Add	.00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE	PD Delete IIII									☐ Change	Addition
NAME				NAM	1E					•	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP					r-ST-ZIP						
TITLE	V	☐ Delete	☐ Delete TITLE NAME						Change	Addition	
NAME STREET ADDRESS	NESTI, P.			EET ADDRESS							
CITY-ST-ZIP	2 N. RIVERSIDE PLAZA CHICAGO, IL				-ST-ZIP						
TITLE	Т		☐ Delete	TOTE	E					☐ Change	Addition
NAME		ERG, ARTHUR		NAM	-	i					
STREET ADDRESS CITY+ST-ZIP	2 N. RIVE	RSIDE PLAZA		•	EET ADDRESS (-ST-ZIP						
TITLE	VD	J, IL	Delete	DIL			- T-1			Change	Addition
NAME	PHIPPS,	JAMES	□ Delete	NAM						☐ Change	
STREET ADDRESS	1	RSIDE PLAZA		STRI	EET ADDRESS						
CITY-ST-ZIP	CHICAGO	D, IL 60606	,	CITY	r-ST-ZIP			·			
TITLE	VAS		Delete	TITE	E	VAS	MICHE	UE		Change	☐ Addition
NAME STREET ADDRESS	1	i, BARBARA RSIDE PLAZA	•	NAM	AE EET ADDRESS	LAYE	BINETENDE	PLAZA		,	
CITY-ST-ZIP		D. IL 60606			r-St-ZIP	CALIC	NE, MICHE RIVERSIDE 490,10 (anhah			,
TITLE	VSD		☐ Delete	TITL		0 10	~ 10 /1- 	<u> </u>		☐ Change	Addition
NAME	GREENBERG, ARTHUR A			NAM	-						
STREET ADDRESS CITY-ST-ZIP					eet address (-st-zip						
12. I hereby	certify that th	e information supplied with	n this filing does not qualify	for the ex	emptions c	ontained	d in Chapter 119.	Florida Statutes. I	further certi	fy that the ir	formation
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											or director
SIGNATURE: SIGNATURE MICHELLE LAPEUR 4,27.07 5/2 174 1 3 0 0											
		-,									