2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# F94000002869

Entity Name: EQR-SAWGRASS COVE VISTAS, INC.

Current Principal Place of Business:

C/O L. CURRIE
2 NORTH RIVERSIDE PLAZA
CHICAGO, IL 60606

New Principal Place of Business:

C/O B. SHUMAN
2 NORTH RIVERSIDE PLAZA
CHICAGO, IL 60606

Current Mailing Address:

C/O L. CURRIE
2 NORTH RIVERSIDE PLAZA
CHICAGO, IL 60606

New Mailing Address:

C/O B. SHUMAN
2 NORTH RIVERSIDE PLAZA
CHICAGO, IL 60606

FEI Number: 39-3693420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEITHERCUT, DAVID
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL 60606

Title: V ( ) Delete
Name: DUWE, YASMINA
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL

Title: AS ( ) Delete
Name: SHUMAN, BARBARA
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL

Title: S ( ) Delete
Name: STROHM, BRUCE
Address: 2 N. RIVERSIDE PLAZA
City-St-Zip: CHICAGO, IL

Title: AS ( ) Delete
Name: DUNCK, SHELLEY
Address: TWO N. RIVERSIDE PLAZA, SUITE 400
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA SHUMAN AS 04/15/2004
Electronic Signature of Signing Officer or Director — Date