

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002869

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: EQR-SAWGRASS COVE VISTAS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

04/21/2005

Electronic Signature of Signing Officer or Director

Date