



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-07-2005 90001 007 \*\*\*150.00

<b>DOCUMENT # F94000005681</b> 1. Entity Name <b>EQR-PARADISE POINTE VISTAS, INC.</b>					
Principal Place of Business <b>C/O L. CURRIE 2 N. RIVERSIDE PLAZA #400 CHICAGO, IL 60606 US</b>			Mailing Address <b>C/O L. CURRIE 2 N. RIVERSIDE PLAZA #400 CHICAGO, IL 60606 US</b>		
2. Principal Place of Business <b>c/o Barbara Shuman</b> Suite, Apt. #, etc. <b>2 N. Riverside Plaza</b>		3. Mailing Address <b>c/o Barbara Shuman</b> Suite, Apt. #, etc. <b>2 N. Riverside Plaza</b>			
City & State <b>Chicago, IL 60606</b>		City & State <b>Chicago, IL 60606</b>		4. FEI Number <b>36-3990119</b>	
Zip <b>60606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME STONEBRAKER, KELLY STREET ADDRESS 2 NORTH RIVERSIDE PLAZA, STE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Stephen M. Gordon STREET ADDRESS Two N. Riverside Plaza CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME NESTI, PATRICIA STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME GREENBERG, ARTHUR STREET ADDRESS 2 N. RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HERMANN, WILLIAM STREET ADDRESS 2 NORTH RIVERSIDE PLAZA, STE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE VD NAME James Phipps STREET ADDRESS 2 N. Riverside Plaza, CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME TOMILLO, KARYN STREET ADDRESS TWO N. RIVERSIDE PLAZA, SUITE 400 CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE VAS NAME Barbara Shuman STREET ADDRESS Two N. Riverside Plaza CITY-ST-ZIP Chicago, IL 60606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HERMANN, WILLIAM STREET ADDRESS 2 NORTH RIVERSIDE PLAZA CITY-ST-ZIP CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE VSD NAME Arthur Greenberg STREET ADDRESS Two N. Riverside Plaza CITY-ST-ZIP 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)(l), 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.					
<b>SIGNATURE: <u>Barbara Shuman</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Barbara Shuman, Asst. Sec., 6/3/05 312-474-1300</b> Date Daytime Phone #		