


2005 FOR PROFIT CORPORATION ANNUAL REPORT


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

06-07-2005 90001 015 ***150.00

DOCUMENT # F94000005683	
1. Entity Name EQR-PORT ROYALE VISTAS, INC.	

Principal Place of Business C/O L. CURRIE 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606	Mailing Address C/O L. CURRIE 2 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606
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2. Principal Place of Business c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza City & State Chicago, IL Zip 60606 Country Cook	3. Mailing Address c/o Barbara Shuman Suite, Apt. #, etc. 2 N. Riverside Plaza City & State Chicago, IL Zip 60606 Country usa
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04222005 Chg-P	CR2E034 (10/03)
4. FEI Number 39-3990116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD FORT LAUDERDALE, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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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, STE 400 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Stephen M. Gordon <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Riverside Plaza, Ste. 400 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NESTI, PATRICIA 2 N. RIVERSIDE PLAZA CHICAGO, IL <input type="checkbox"/> Delete	TITLE V 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 MD NAME STREET ADDRESS CITY-ST-ZIP	James Phipps <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Riverside Plaza, Ste. 400 Chicago, IL 60606
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Riverside Plaza, Ste. 400 Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERMANN, WILLIAM 2 N. RIVERSIDE PLAZA, STE 400 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	TITLE VSD NAME STREET ADDRESS CITY-ST-ZIP	Arthur A. Greenberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 N. Riverside Plaza, Ste. 400 Chicago, IL 60606

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: Barbara Shuman Barbara Shuman, Asst. Sec. 6/3/05 312-474-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1300