

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000584
 1. Corporate Name
EQR-Lincoln Village I Vistas, Inc.

Principal Place of Business 2 N. Riverside Plaza Chicago, IL 60606	Mailing Address c/o Ann M. Schneider 2 N. Riverside Plaza, #1515 Chicago, IL 60606
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	2/5/96	
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	36-3907908	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street, Suite 105 Tallahassee, FL 32301	10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City 05 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director/President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald J. Liebentritt	1.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	1.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	1.4 CITY- ST- ZIP	
TITLE	Director/VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James M. Phipps	2.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	2.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	2.4 CITY- ST- ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley M. Stevens	3.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	3.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	3.4 CITY- ST- ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann M. Schneider	4.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	4.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	4.4 CITY- ST- ZIP	
TITLE	VP/Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur A. Greenberg	5.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	5.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	5.4 CITY- ST- ZIP	
TITLE	Asst. Secy. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene C. Kosfeld	6.2 NAME	
STREET ADDRESS	2 N. Riverside Plaza	6.3 STREET ADDRESS	
CITY- ST- ZIP	Chicago, IL 60606	6.4 CITY- ST- ZIP	

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14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4/21/97** **312-466-3607**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Ann M. Schneider, Secretary** Date Daytime Phone #

CR2004 (9/96)