

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 15, 2009  
Secretary of State**

DOCUMENT# M06000000685

Entity Name: EQR-BOYNTON I, L.L.C.

**Current Principal Place of Business:**

TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

TWO NORTH RIVERSIDE PLAZA  
SUITE 400  
CHICAGO, IL 60606

**New Mailing Address:**

FEI Number: 20-4263343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: LAURA BRODERICK, ASST SECY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ERP OPERATING LIMITED PARTNERSHIP  
Address: TWO NORTH RIVERSIDE PLAZA  
City-St-Zip: CHICAGO, IL 60606

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHELLE LAPELLE

AUTH

10/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date