

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90098 001 ***100.00

DOCUMENT # M99000001687

1. Entity Name
EQUITY APARTMENT MANAGEMENT, LLC



Principal Place of Business
TWO NORTH RIVERSIDE PLAZA, SUITE 400
ATTN: L. CURRIE
CHICAGO, IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA, SUITE 400
ATTN: L. CURRIE
CHICAGO, IL 60606

34004721



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number

36-4323439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DUWE, YASMINA
2 N RIVERSIDE PLAZA, #400
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DUNCK, SHELLEY L
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
TRAGER, MARK
TWO NORTH RIVERSIDE PLAZA, SUITE 400
CHICAGO, IL 60606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Barbara Shuman
Two N. Riverside Plaza, Ste 400
Chicago, IL 60606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: Barbara Shuman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Manager
Date

4-14-04 312-474-1320
Daytime Phone #