

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001687

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: EQUITY APARTMENT MANAGEMENT, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
ATTN: B. SHUMAN  
CHICAGO, IL 60606

## Current Mailing Address:

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

## New Mailing Address:

TWO NORTH RIVERSIDE PLAZA, SUITE 400  
ATTN: B. SHUMAN  
CHICAGO, IL 60606

FEI Number: 36-4323439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: DUWE, YASMINA  
Address: 2 N RIVERSIDE PLAZA, #400  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: SHUMAN, BARBARA  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

Title: MGR ( ) Delete  
Name: TRAGER, MARK  
Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400  
City-St-Zip: CHICAGO, IL 60606

## ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA SHUMAN

MGR

04/25/2005

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