

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001687

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** EQUITY APARTMENT MANAGEMENT, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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/MANAGERS:**

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 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: BARBARA SHUMAN

MGR

04/24/2006

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