2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001687

Entity Name: EQUITY APARTMENT MANAGEMENT, LLC

FILED May 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

TWO NORTH RIVERSIDE PLAZA, SUITE 400 TWO NORTH RIVERSIDE PLAZA, SUITE 400

ATTN: B. SHUMAN CHICAGO, IL 60606 CHICAGO, IL 60606

Current Mailing Address: New Mailing Address:

TWO NORTH RIVERSIDE PLAZA, SUITE 400 TWO NORTH RIVERSIDE PLAZA, SUITE 400

ATTN: B. SHUMAN CHICAGO, IL 60606 CHICAGO, IL 60606

FEI Number: 36-4323439 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:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: (X) Change () Addition () Delete

DUWE, YASMINA BEIHOFFER, DENISE Name: Name: 2 N RIVERSIDE PLAZA, #400 Address: 2 N RIVERSIDE PLAZA, #400 Address:

City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606

Title: MGR () Delete Title: MGR (X) Change () Addition

SHUMAN, BARBARA Name: LAPELLE, MICHELLE Name:

Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400 Address: TWO NORTH RIVERSIDE PLAZA, SUITE 400

City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606

Title: MGR () Delete Title: MGR (X) Change () Addition

TRAGER, MARK Name: MATZ, JANE Name: TWO NORTH RIVERSIDE PLAZA, SUITE 400 TWO NORTH RIVERSIDE PLAZA, SUITE 400 Address: Address:

City-St-Zip: CHICAGO, IL 60606 City-St-Zip: CHICAGO, IL 60606

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 05/03/2007