

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001687

FILED
Mar 05, 2009
Secretary of State

Entity Name: EQUITY APARTMENT MANAGEMENT, LLC

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: 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: BEIHOFFER, DENISE
Address: 2 N RIVERSIDE PLAZA, #400
City-St-Zip: CHICAGO, IL 60606

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

Title: MGR () Delete
Name: MATZ, JANE
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 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

MGR

03/05/2009

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