

A. Raiph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

Equity Residential Management, L.L.C.	J. ID No.	2. Exact name of the limited	lability company			· · · · · · · · · · · · · · · · · · ·	
Principal affice address  Nontrit Riverside Plaza, Suite 400  MAILING ADDRESS OF LIMITED HABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact The Scenetary  MAILING ADDRESS OF LIMITED HABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact The Scenetary  Monorth Riverside Plaza, Suite 400  NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED HABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILLED  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury, I declar and affirm that I have examined this report including any accompanying schedules and statements, and that all sustemer contained herein are true and correct.  SEP 1 6 2011  Sep 1 6 2011  Signature of Authors  Under penalty of perjury, I declar and affirm that I have examined this report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury, I declar and affirm that I have examined this report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury, I declar and affirm that I have examined this report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury, I declar and affirm that I have examined this report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  SEP 1 6 2011  Signature of Authors  Opy/15/2011  Signature of Authors  Opy/15/2011	00160328						
Principal affice address We North Riverside Plaza, Suite 400 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Indicated Institute Company of Principal Company, if Applicable - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)	3. State of Formation	4. Briaf description	of the character of the bu	isiness which is actually conducted in	Rhode Island		
Workers with the second of the secretary of State. Changes require filing of Porm 642 - R.I.G.L. 7-16-11  PILED  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury, I declar and affirm that I have examined this report contained bertin are true and correct.  Signaley of Authorized Person  Under penalty of perjury, I declar and affirm that I have examined this report contained herein are true and correct.  When the Date  FILED  Under penalty of perjury, I declar and affirm that I have examined this report contained herein are true and correct.  Michael LaPelle	Delaware	Real estate					
MALING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:    Contact Tries   Contact Tries	5. Principal office address				i	Ζip	
Information is currently of record in the Office of the Secretary of State. Changes require filing of Porm 642 - R.I.G.L. 7-16-11  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury, I doclare and affirm that I have examined this repointeduling any accompanyles, shedules and statements, and that all statement contained herein are use and currect.  Sep 1 6 2011  The Sep 1 6 2011  Th	Two North Riverside Plaza, Suite 400			Chicago	IL	60606	
Secretary  Secretary  Secretary  Secretary  Secretary  Secretary  Secretary  Chicago  NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  FILL IN SPACES BEFORE USING ATTACHMENTS  (X* BOX FOR ATTACHMENT)  Manager Name  RP Operating Limited Partnership  Total Address  We North Riverside Plaza, Suite 400  We North Riverside Plaza, Su		DRESS OF LIMITED LIABIL	TY COMPANY ANI	4	ACT PERSON:		
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NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIMITED COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  Moritager Name  RP Operating Limited Partnership  NO North Riverside Plaza, Suite 400  Or Street Address  This again II.  Street Address  The G6606  Manager Name  Street Address  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  SEP 16 2011  Signal and Authorized Person  Date  Mick No. SEP 16 2011  Signal and Authorized Person  Mick No. SEP 16 2011  Date  Mick No. Sep 16 2011	Street Address						
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FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)	**************************************	DDWESS ON PLOYENAMES		TO KEE A THE ETTER COORDINATE AND CHEE	ADDITION TO NOT	( Trom Lengtonno	
Annuager Name  RP Operating Limited Partnership  road Address  No North Riverside Plaza, Suite 400  100  101  102  103  104  105  105  105  105  105  105  105	. NAME AND A					•	
RP Operating Limited Partnership  roat Address  Wo North Riverside Plaza, Suite 400  Wo North Riverside Plaza, Suite 400  Wo North Riverside Plaza, Suite 400  Wo State 20p City State 20p  Residence 20p City State 20p  RESIDENT AGENT IN RHODE ISLAND  his information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury, I declare and affirm that I have examined this repoinculating any accompanying schedules and statements, and that all statements are true and correct.  SEP 16 2011  By Object 200  Wichelle LaPelle	lanaper Name			•	. 🖵	•	
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No North Riverside Plaza, Suite 400  We Share 20  III. 60606  Manager Name  Resident In Rhode Island his information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  Under penalty of perjury. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.  SEP 16 2011  Signalur/sel Authorized Person  Date  Michelle LaPelle	troet Address	i-		Street Address	Street Address		
II. 60606  Manager Name  Manag		rside Plaza, Suite 400					
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FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person			-   /				
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