

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016995 AF

DOCUMENT # **A24582**

1. Entity Name

ARVIDA/JMB PARTNERS, LTD.

APPROVE  
AND  
FILED

01 APR 27 PM 6:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
900 NORTH MICHIGAN AVENUE  
#1900  
CHICAGO IL 60611

Mailing Address  
900 NORTH MICHIGAN AVENUE  
#1900  
CHICAGO IL 60611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3507015**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$400,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$364,840,825.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P29128**  
NAME **ARVIDA/JMB MANAGERS, INC**  
STREET ADDRESS **900 N. MICHIGAN AVE.**  
CITY-ST-ZIP **CHICAGO IL**

STREET ADDRESS

CITY-ST-ZIP

**900004212409--0**

**-05/11/01--01103--007**

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14. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By: Arvida/JMB Managers, Inc.

SIGNATURE:

*Karen M. O'Mahoney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Karen M. O'Mahoney

03/16/2001

(312) 915-1969

Date

Daytime Phone #

CR2E003 (11/00)