


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A24582			
1. Entity Name ARVIDA/JMB PARTNERS, LTD.			
Principal Place of Business 900 NORTH MICHIGAN AVENUE, SUITE 1400 CHICAGO, IL 60611		Mailing Address 900 NORTH MICHIGAN AVENUE, SUITE 1400 CHICAGO, IL 60611	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and USA, if applicable</small>			
9. Capital Contributions as Shown on record. \$400,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$364,841,816.00	
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 # NAME STREET ADDRESS CITY, ST, ZIP	P29128 ARVIDA/JMB MANAGERS, INC 900 N. MICHIGAN AVE. CHICAGO, IL	STREET ADDRESS CITY, ST, ZIP	
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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.			
SIGNATURE: <u>Karen M. Ewing</u>		Karen M. Ewing Asst. Secretary 3/18/04 312/915-1969	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	



03162004 Chg-LP CR2E003 (10/03)

4. FEI Number 36-3507015 Applied For Not Applicable

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

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