

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A24582

1. Entity Name
ARVIDA/JMB PARTNERS, LTD.



Principal Place of Business
900 NORTH MICHIGAN AVENUE
STE 900
CHICAGO, IL 60611

Mailing Address
900 NORTH MICHIGAN AVENUE
STE 900
CHICAGO, IL 60611

FILED
03 APR 30 AM 5:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

2. Principal Place of Business
900 N. Michigan Avenue

3. Mailing Address
900 N. Michigan Avenue



Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400

City & State
Chicago, Illinois

City & State
Chicago, Illinois

Zip Country
60611 USA

Zip Country
60611 USA

DUE BY MAY 1, 2003

4. FEI Number 36-3507015
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

DATE

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

10. Amount of Capital Contributions
in FLORIDA to date. \$364,841,816.00

11. MAKE CHECK PAYABLE TO FL 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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	200017341672 04/30/03--01007--015 **526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Karen M. Ewing* Karen M. Ewing 04/11/03 (312) 915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)