

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR - 7 PM 2:29

**1. Name of Limited Partnership**

**1a. DOCUMENT #**  
**B93000000547**

**ARVIDA GRAND BAY LIMITED PARTNERSHIP-VI**



**Mailing Address**

800 NORTH MICHIGAN AVE., SUITE 2000  
CHICAGO IL 60611

**Principal Office Address**

800 NORTH MICHIGAN AVE.  
SUITE 2000  
CHICAGO IL 60611

**3. Date Formed or Registered**

12/13/1993

**5a. Capital Contributions as Shown on record.**

\$211,676.00

**3a. Date of Last Report**

12/30/1996

**5b. Amount of Capital Contributions in FLORIDA to date:**

\$204,366.00

**4. State or Country of Formation**

DE

**6. FEI Number**

65-0462243

☐ Applied For  
☐ Not Applicable

**7. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**2. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**2a. Principal Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**10. If changed, new Registered Agent/Office**

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11. Name(s) of General Partner(s)**

ARVIDA GRAND BAY MANAGERS, I

**11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)**

900 N. MICHIGAN AVE.,

**11b. City, State & Zip Code**

CHICAGO IL 60611

**11c. Registration/Document Number**

F93000001381

800002488158--5  
-04/14/98--01058--010  
\*\*\*\*526.25 \*\*\*\*526.25

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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Karen M. O'Mahoney*

Asst. Secretary DATE April 6, 1998

Typed or Printed Name of General Partner Signing Form

Arvida Grand Bay Managers, Inc.

Daytime Telephone Number

(312)915-1969

CR2E003 (12/97)