LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 JUN 13 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000332

1. Entity Name

ARVIDA/WESTON CONTRACTORS - I, L.P.

DO NOT WRITE IN THIS SPACE

600005825976--7
-06/19/02--01006--005
****151.75 ****151.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 North Michigan Avenue	900 North Michigan Avenue
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Chicago, Illinois	City & State: Chicago, Illinois
Zip: 60611 Country: USA	Zip: 60611 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0622546 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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 DATE

9. Capital Contributions as Shown on record: $10,000.00

10. Amount of Capital Contributions in FLORIDA to date: $9,900.00

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

DOCUMENT #	F95000004506
NAME	Arvida/Weston Contractors, Inc.
STREET ADDRESS	900 North Michigan Avenue
CITY ST ZIP	Chicago, Illinois 60611

6.30-LP
88.75-Adm
151.75 63.00-LP

DO NOT WRITE IN THIS SPACE

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STAPLE CHECK HERE

CR2E003B (12/01)

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/Weston Contractors, Inc.

SIGNATURE: Karen M. Ewing Asst. Secretary 03/21/02 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER