

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
 AND
 FILED

04 APR -9 PM 4:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B95000000332

1. Entity Name
 ARVIDA/WESTON CONTRACTORS - I, L.P.



Principal Place of Business
 900 N. MICHIGAN AVE.
 STE. 1400
 CHICAGO, IL 60611

Mailing Address
 900 N. MICHIGAN AVE.
 STE. 1400
 CHICAGO, IL 60611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0622546

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 SOUTH 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

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

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 # F95000004506
 NAME ARVIDAWESTON CONTRACTORS, INC.
 STREET ADDRESS 900 N. MICHIGAN AVE.
 CITY-ST-ZIP CHICAGO, IL 60611

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

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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)(b), 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

Asst. Secretary

3/18/04

312/915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Business Phone #

STAPLE CHECK HERE