

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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**



02212006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0622546	Applied For <input type="checkbox"/> 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 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$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

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

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	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

111111110477789
04/07/06-80003-007 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 02/21/06 (312) 915-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 1969

STAPLE CHECK HERE