



**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B95000000332</b> 1. Entity Name ARVIDA/WESTON CONTRACTORS - I, L.P.	
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Principal Place of Business 900 N. MICHIGAN AVE. STE. 1400 CHICAGO, IL 60611	Mailing Address 900 N. MICHIGAN AVE. STE. 1400 CHICAGO, IL 60611
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<b>DO NOT WRITE IN THIS SPACE</b>
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01242007 No Chg-LP CR2E003 (12/06)	
4. FEI Number 65-0622546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>	

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	
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STREET ADDRESS	
CITY - ST - ZIP	

<p>U000000679248 04/03/07-80030-016 500.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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STAPLE CHECK HERE

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	
<b>SIGNATURE:</b> <u>Karen M. Ewing</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>Karen M. Ewing, Asst. Secretary of Arvida/Weston Contractors, Inc.</b> 1/30/07 (312) 915-1969 <small>Date Daytime Phone #</small>