

2000 UNIFORM BUSINESS REPORT (UBR)

00153110
V 11153110

DOCUMENT # **B95000000333**

1. Entity Name
ARVIDA/JACKSONVILLE CONTRACTORS LIMITED PARTNERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business 900 N. MICHIGAN AVE. STE. 1900 CHICAGO IL 60611	Mailing Address 900 N. MICHIGAN AVE. STE. 1900 CHICAGO IL 60611-1542
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0622567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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
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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 #	F95000004507	STREET ADDRESS	
NAME	ARVIDA/JACKSONVILLE CONTRACTORS, INC.	CITY - ST - ZIP	300003245723 - - 3
STREET ADDRESS	900 N. MICHIGAN AVE.		-05/10/00 --01006 --013
CITY - ST - ZIP	CHICAGO IL 60611		****151.75 ****151.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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)(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

SIGNATURE: *Karen M. O'Mahoney* **REQUIRED** **Karen M. O'Mahoney** **04/14/00** **(312) 915-1969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Asst. Secretary Date Daytime Phone #

CR2E003 (9/99)