APPROVED AND FILED

02 JUN 13 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000333

1. Entry Name

ARVIDA/JACKSONVILLE CONTRACTORS, L.P.

DO NOT WRITE IN THIS SPACE

400005825814--2
-06/19/02--01006--003
******6.30 ******6.30

2. Principal Place of Business	3. Mailing Address	4. FEI Number
900 North Michigan Avenue Suite 900 Chicago, Illinois 60611 USA	900 North Michigan Avenue Suite 900 Chicago, Illinois 60611 USA	65-0622567

Amount P...
Net Amt. Due

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

DUE BY MAY 1

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

9. Capital Contributions as Shown on Records: $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 # / NAME / STREET ADDRESS / CITY ST ZIP	STREET ADDRESS / CITY ST ZIP
F95000004507 Arvida/Jacksonville Contractors, Inc 900 North Michigan Avenue Chicago, Illinois 60611	

6.30 - LP
88.75 - Adm
151.75 63.00 - LP

DO NOT WRITE IN THIS SPACE
400005825814--2
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****151.75 ****151.75

STAPLE CHECK HERE

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/Jacksonville Contractors, Inc.

SIGNATURE: Karen M. Ewing Asst. Secretary 03/21/02 (312) 915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/01)