

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B96000000191**

1. Entity Name  
**ARVIDA - SAWMILL LAKES MANAGERS, LIMITED PARTNERSHIP**



Principal Place of Business  
**900 NORTH MICHIGAN AVE., SUITE 1900  
CHICAGO, IL 60611**

Mailing Address  
**900 NORTH MICHIGAN AVE., SUITE 1900  
CHICAGO, IL 60611**



03092006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4085417**

Applied For  
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

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**1100000482726  
04/11/06-90087-011 500.00**

**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 # **B97000000381**  
NAME **WALTON STREET REAL ESTATE FUND I, L.P.**  
STREET ADDRESS **900 NORTH MICHIGAN AVE., SUITE 1900**  
CITY-ST-ZIP **CHICAGO, IL 60611**

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IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Karen E. Leone, Secretary of WSC Managers I, Inc., General Partner of Walton Street Managers I, L.P., General Partner of Walton Street Real Estate Fund I, L.P., General Partner**

Date

Daytime Phone #

**323.06**