

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 01, 2008 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**



01232008 No Chg-LP

CR2E003 (12/06)

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.

000000876749
04/11/08-2008-011 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # **B97000000381**
NAME **WALTON STREET REAL ESTATE FUND I, L.P.**
STREET ADDRESS **900 NORTH MICHIGAN AVE., SUITE 1900**
CITY-STATE-ZIP **CHICAGO, IL 60611**

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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 E. Leone, Authorized Representative**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

3-19-08
Daytime Phone #

STAPLE CHECK HERE