

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

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

**DOCUMENT # B96000000192**

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



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

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



03092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**36-4085418**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**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 file if applicable.

DATE \_\_\_\_\_

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

**000000482731  
14/11/06-80087-016 500.00**

**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 # **B96000000191**  
NAME **ARVIDA - SAWMILL LAKES MANAGERS, L.P.**  
STREET ADDRESS **900 NORTH MICHIGAN AVE., SUITE 1800**  
CITY-ST-ZIP **CHICAGO, IL 60611**

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**DO NOT WRITE  
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  
**Karen E. Leone, Secretary of WSC Managers I, Inc., GP of Walton Street Managers I, L.P., GP of Walton Street Real Estate Fund I, L.P., GP of Arvida -Sawmill Lakes Managers, L.P., GP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3-23-06**

STAPLE CHECK HERE