

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 08, 2007 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



DO NOT WRITE IN THIS SPACE

05022007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 36-4085418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 1900
CITY-ST-ZIP	CHICAGO, IL 60611
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

U00000771748
08/08/07-80007-009 500.00

**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.

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7.31.07

STAPLE CHECK HERE