

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 01, 2008 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**



01232008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4085418

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.

0000003751

04/11/08-80086-012 500.00

**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 # **B96000000192**
NAME **ARVIDA - SAWMILL LAKES MANAGERS, L.P.**
STREET ADDRESS **900 NORTH MICHIGAN AVE., SUITE 1900**
CITY-ST-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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Karen E. Leone, Authorized Representative

3-19-08

Date

773-477-2292
Daytime Phone #

STAPLE CHECK HERE