LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 APR 30 AM 10: 22
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # B97000000371

1. Entity Name

ARVIDA/WESTON CONTRACTORS - II, L.P.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 North Michigan Avenue	900 North Michigan Avenue
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
City & State Chicago, Illinois	City & State Chicago, Illinois
Zip 60611 / Country USA	Zip 60611 / Country USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 65-0766584 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code 33324

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

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

9. Capital Contributions as Shown on record: $99,000.00

10. Amount of Capital Contributions in FLORIDA to date: $20,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	F95000004506
NAME	Arvida/Weston Contractors, Inc.
STREET ADDRESS	900 North Michigan Avenue
CITY ST ZIP	Chicago, Illinois 60611

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-05/10/02--01092--024
****228.75 ****228.75

DO NOT WRITE IN THIS SPACE

CR2E003B (12/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

By: Arvida/Weston Contractors, Inc.

SIGNATURE: Karen M. Ewing Asst. Secretary 03/21/02 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #