2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED AND FILED

04 MAY 10 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # B97000000371

1. Entity Name
ARVIDA/WESTON CONTRACTORS - II, L.P.

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE STE 1400 CHICAGO, IL 60611	900 NORTH MICHIGAN AVENUE STE 1400 CHICAGO, IL 60611

03162004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0766584 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$99,000.00	$19,800.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F95000004506	STREET ADDRESS	
NAME	ARVIDA/WESTON CONTRACTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE		
CITY-ST-ZIP	CHICAGO, IL 60611		
DOCUMENT #		STREET ADDRESS	600037587156 06/03/04--01003--016 **5.60
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600037587156 06/03/04--01003--017 **221.75
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: Karen M. Ewing Karen M. Ewing Asst. Secretary 3/18/04 312/915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #