


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 18 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000371					
<b>1. Entity Name</b> ARVIDA/WESTON CONTRACTORS - II, L.P.					
<b>Principal Place of Business</b> 900 NORTH MICHIGAN AVENUE STE 1400 CHICAGO, IL 60611			<b>Mailing Address</b> 900 NORTH MICHIGAN AVENUE STE 1400 CHICAGO, IL 60611		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0766584	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$99,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$19,800.00		DATE _____	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
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		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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STREET ADDRESS					
CITY-ST-ZIP					
<b>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</b> By: Arvida/Weston Contractors, Inc.					
<b>SIGNATURE:</b> <i>Karen M. Ewing</i>			Karen M. Ewing, Asst. Secretary 04/01/05 (312) 915-1969		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Day:me Phone #		



01122005 Chg-LP CR2E003 (10/03)

Applied For  
Not Applicable

☐ \$8.75 Additional Fee Required

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