

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JUN 13 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000372

1. Entity Name

ARVIDA/WESTON CONTRACTORS - III, L.P.

DO NOT WRITE IN THIS SPACE

700005826047--5

-06/19/02--01006--007

*****221.75 *****221.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 North Michigan Avenue

3. Mailing Address

900 North Michigan Avenue

Suite, Apt. #, etc.
Suite 900

Suite, Apt. #, etc.
Suite 900

DUE BY MAY 1

City & State
Chicago, Illinois

City & State
Chicago, Illinois

4. FID Number
65-0766577

Applied Fee
Not Applied

Zip Country

Zip Country

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

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

**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

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

DATE

9. Capital Contributions
a. Shown on report \$99,000.00

10. Amount of Capital Contributions
in FLORIDA to date \$19,800.00

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

STREET ADDRESS

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CITY, ST, ZIP

**DO NOT WRITE
IN THIS SPACE**

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*****5.60 *****5.60

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

STAPLE CHECK HERE

03/21/02 (312) 915-1969