

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B97000000372

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



Principal Place of Business
900 NORTH MICHIGAN AVE., SUITE 1400
CHICAGO, IL 60611

Mailing Address
900 NORTH MICHIGAN AVE., SUITE 1400
CHICAGO, IL 60611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0766577

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

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. **\$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
NAME ARVIDAWESTON CONTRACTORS, INC.
STREET ADDRESS 900 NORTH MICHIGAN AVE.
CITY-ST-ZIP CHICAGO, IL 60611

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

600054234586
05/10/05--01098--016 **227.35

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*

Karen M. Ewing, Asst. Secretary 04/01/05 (312)915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE