

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000372

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



FILED

03 MAY -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business
900 N. Michigan Avenue

3. Mailing Address
900 N. Michigan Avenue

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.
Suite 1400

City & State
Chicago, Illinois

City & State
Chicago, Illinois

Zip Country
60611 USA

Zip Country
60611 USA



DUE BY MAY 1, 2003

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

11. MAKE CHECK PAYABLE TO FL. 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 AVE.
CITY-ST-ZIP CHICAGO, IL 60611

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 000018577130
CITY-ST-ZIP 05/03/03--01004--006 **221.75

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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.

Assistant Secretary of Arvida/Weston Contractors, Inc.

SIGNATURE: Karen M. Ewing

Karen M. Ewing

04/11/03

(312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CRZE003 (10/02)