

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F95000004507

1. Entity Name
ARVIDA/JACKSONVILLE CONTRACTORS, INC.



Principal Place of Business
900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611-1575 US

Mailing Address
900 NORTH MICHIGAN AVENUE
SUITE 1400
CHICAGO, IL 60611-1575 US

**FILED
Apr 15, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0622570	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

000000898860
04/28/08-80015-015 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME NICKELE, GARY
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO, IL 60611

TITLE P
NAME LASSMAN, MARK D
STREET ADDRESS 7900 GLADES ROAD
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE VT
NAME LOVELETTE, STEPHEN A
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO, IL 60611

TITLE S
NAME NIELSEN, PAUL C.
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO, IL

TITLE AS
NAME EWING, KAREN M
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO, IL 60611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen M. Ewing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Ewing 03/27/08 (312) 915-1969

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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