FILED Apr 22, 2002 8:00 am Secretary of State 04-22-2002 90123 020 ***150.00

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000005697 1. Entity Name									
ARVIDA/RIVER HILLS CONTRACTORS, INC.						(O) (PCD)			
	DO NOT WRITE	IN THIS	SPAC	E					
2. Principal Place of Business 900 North Michigan Avenue 900 North Michigan Avenue				chigan Avenue					
Suite Aoi Suite		Suite Apt # etc Suite 900				DO NOT WRITE IN THIS SPACE			
City & Stat	e o, Illinois	City & State Chicago, Illinois			•	4. FEI Number Aup colors 65~0622531 Noi Applicable			
60611	Country USA	/2⊕ 60611	Ceun	ry U SA	5.	Certificate of Status Desirod		.75 Additional Required	
		<u> </u>			7. N	ame and Address of Current R	egistered Ag	ent	
DO NOT WRITE				C T Corporation System					
				Street Addre	ess (P.O	P.O. Box Number is Not Acceptable)			
IN THIS SPACE				120)0 So	uth Pine Island 1	Road		
				City Pla	intat	ion	FL	Zip Code 33324	
8. The above	named entity submits this statement for	the purpose of chang	jing its registera	d office or reg	istered a	gent, or both, in the State of Florid	.,,		
SIGNATURE .	ड दूरमध्यः, सुम्रस्य का स्थानस्य स्थानस्य में अनुस्थलको स्थानस्य क	w eth c andcohe	PrOTE Riversion	l Agran segnar-au ce	ning when	vinstalina)	DATE		
9. This corporate Tax filing i	nration is eligible to satisfy its Intangible requirement and elects to do so.	Januar Afte An	y 1 - May 1 Fe r May 1, Fee is nended UBR is Payable to De	e is \$150.00 s \$550.00 s \$61.25		10. Election Campaign Finar frust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D								
THEE.	Director Gary Nickele	•	TITLE NAMI	1					
STREET ADDRESS	900 North Michigan A Chicago, Illinois 60	Avenue	STREI	ET ADDRESS				Č	
CITY - ST ZIP		0611		ST-ZIP					
TITLE NAME	President James D. Motta		TITLE NAMI					5	
STREET ADDRESS	7900 Glades Road			T ADDRESS	· \				
CUY ST ZIP	Boca Raton, Florida Vice President	33434	THILL	\$1-ZIP					
NAME	Stephen A. Lovelette	2	NAMI	- 1					
STREET ADDRESS CITY-ST-ZIP	900 North Michigan A	Avenue		EF ADDRESS ST-ZIP		DO NOT V	VRIT	E	
lifet	Chicago, Illinois 60611 Secretary		lift.		IN THIS SPACE				
NAME	Paul C. Nielsen		NAME	1		114 11112 2	PACE		
STREET ADDRESS CITY ST 7/P	900 North Michigan A Chicago, Illinois 60	Avenue		et address ST-ZIP					
Ittit	Assistant Secretary	///	THILE						
NAME. STREET ADURESS	Karen M. Ewing	\	MAM 2012	ET ADDRESS					
City ST-7P	900 North Michigan A Chicago, Illinois 60	Avenue)611		ST-7IF					
nife			int	1	····				
NAME STREET ADDRESS			NAMI STRE	ET ADDRESS				-	
CITY - ST- /IP				\$T-2IP				,	
13. Thereby o	certify that the information supplied with t	his filing does not qu	ality for the exci	nption stated i	n Section	119,07(3)(i), Florida Statutes, I h	urther certify t	hat the information	

immutated 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

03/25/02

(312) 915-1969