2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000005697

1. Entity Name

ARVIDA/RIVER HILLS CONTRACTORS, INC.



Principal Place of Business

900 N. MICHIGAN AVE.

SUITE 1400 CHICAGO, IL 60611 Mailing Address

900 N. MICHIGAN AVE. SUITE 1400 CHICAGO, IL 60611

FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90256 027 ***150.00



03162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0622531

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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	named entity submits this statement for the p ions of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and acce	∍pt
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Regi	stered Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOTTA, JAMES D 7900 GLADES ROAD, SUITE 200 BOCA RATON, FL 33434					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LOVELETTE, STEPHEN A 900 N. MICHIGAN AVE. CHICAGO, IL 60611					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIELSEN, PAUL C. 900 N. MICHIGAN AVE. CHICAGO, IL		3.	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELE, GARY 900 N. MICHIGAN AVE. CHICAGO, IL 60611			IN.	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EWING, KAREN M 900 N MICHIGAN AVE CHICAGO, IL 60611					
title Name						

12. I hereby certify that the information supplied with this filling 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 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

STREET ADDRESS City-St-ZIP

Haren H. Ewma

Karen Ewing

3/17/04

312/915-1969

Date

Daytime Phone #