2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005239

Entity Name: ARVIDA HOUSING L.P., INC.

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
245 RIVER	SIDE AVENUE VILLE, FL 3220	, SUITE 500			•			
Current Mailing Address:				New Mailing Address:				
245 RIVERSIDE AVENUE, SUITE 500 ATTN: LEGAL DEPT. JACKSONVILLE, FL 32202 US								
FEI Number: 59-3602047 FEI Number Applied For ()			FEI Nun	nber Not Appli	icable ()	Certificate	of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Regist	ered Agent:	
	RISTINE M SIDE AVENUE VILLE, FL 3220							
The above in the State		ubmits this statement for the p	ourpose o	f changing it	s registere	d office or regi	istered agent, or	both,
SIGNATUR								
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().						Da	te	
	AND DIRECT			ADDITION	S/CHANGE	S TO OFFIC	ERS AND DIRE	CTORS:
Title: Name: Address:	PD () GREENE, WM. E	Delete		Title: Name: Address:		() Change()		
City-St-Zip:	JACKSONVILLE			City-St-Zip:				
Title: Name: Address: City-St-Zip:	REGAN, MICHAE	AVENUE, SUITE 500		Title: Name: Address: City-St-Zip:		(X) Change(). CHAEL N SIDE AVENUE, SI ILLE, FL 32202		
Title: Name: Address: City-St-Zip:	MARX, CHRISTII	AVENUE, SUITE 500		Title: Name: Address: City-St-Zip:		()Change()	Addition	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	WILSON, RO	(X) Change() ODERICK T UNTY HWY 30-A A BEACH, FL 32	, SUITE 201	
Title: Name: Address: City-St-Zip:	VT () LASSMAN, MAR 7900 GLADES R BOCA RATON, F	OAD SUITE 200		Title: Name: Address: City-St-Zip:		(X) Change() ENNETH M UNTY HWY 30-A A BEACH, FL 32	, SUITE 201	
Title: Name: Address: City-St-Zip:	SOLOMON, STE	AVENUE SUITE 500		Title: Name: Address: City-St-Zip:	245 RIVERS	(X) Change (). STEPHEN W SIDE AVENUE SU LLE, FL 32202		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE M. MARX S 04/18/2007