## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT** # J83710

1. Entity Name

ARVIDA MANAGERS, INC.



Principal Place of Business

900 NORTH MICHIGAN AVENUE

**SUITE 1400** 

CHICAGO, IL 60611 US

Mailing Address

900 NORTH MICHIGAN AVENUE

**SUITE 1400** 

CHICAGO, IL 60611



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

04-12-2004 90256 024 \*\*\*150.00



03162004

No Chq-P

CR2E034 (10/03)

4. FEI Number 65-0011781 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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8. The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its regis	stered office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept						
SIGNATURE Signature, typed or printed name of registered agent and title	e if applicable. (NOTE: Regi	stered Agent signature r	equired when reinstating)	DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign F     Trust Fund Contributi	· -	\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRE	CTORS									
TITLE S NAME NIELSEN, PAUL C. STREET ADDRESS 900 N. MICHIGAN AVE. CITY-ST-2IP CHICAGO, IL										
TITLE P NAME MOTTA, JAMES D. STREET ADDRESS 7900 GLADES RD CITY-ST-ZIP BOCA RATON, FL										
TITLE D NAME NICKELE, GARY STREET ADDRESS 900 N. MICHIGAN AVE. CITY-ST-2IP CHICAGO, IL 60611	• •		DO	NOT WRITE						
TITLE V NAME LOVELETTE, STEPHEN A. STREET ADDRESS 900 N. MICHIGAN AVE. CITY-ST-ZIP CHICAGO, IL 60611		-		THIS SPACE						
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	avamption states	in Section 119 07/20	Vi) Florida Statuon I further godify 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.

<u>Karen Ewing</u>

3/17/04

312/915-1969