2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J83710



FILED Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90142 004 ***150.00

ARVIDA N	MANAGERS, INC.									
Principal Place 900 NORTH I SUITE 1400 CHICAGO, IL	MICHIGAN AVENUE	Mailing Address 900 NORTH MICHIGAN SUITE 1400 CHICAGO, IL 60611	900 NORTH MICHIGAN AVENUE SUITE 1400			1 (PA) R (181	IRIBB IKKI KBTBA KIBIK BA	IN BERN RYDEI SI	EIL BIBIN BLBIN BIB	LINEI II PREI
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01142005	Chg-P	CR2E	34 (10/03)	
City & State		City & State			4. FEI Numbe 65-0011			⊢	oplied For	
Zìp	Country	Zip	Count	ry		5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered	Agent	
				Name						
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324	Street Address		dress (P.O. Box Numbe	r is Not Acceptabl	le)	· · · · · · · · · · · · · · · · · · ·		
	÷*, ,	•		City				FL	Zip Cod	ie
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or	register	red agent, or both	n, in the State of Fi	lorida. I am	familiar with,	and accept
SIGNATURE.	Signitiure, typed or printed name of registered agent	and title if applicable (NOTE)	E. Barnetaux	1 Acent cionatu	ra e/2111702	I when reinstating)		DATE		
	Signature, lyped or printed harre or registered agent	вно плен арристине. (ноте	_ ricigranorei	1 Apart Signato	· e requiec	wite: Herrisinting/		DAIL		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campai Trust Fund Conti		cing	\$5 . Add	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11,			ADDITIONS/	CHANGES TO OF	FICERS AN	DIRECTOR	S IN 11
TITLE	s :	☐ Delete	T‡TLE						☐ Change	Addition
NAME	NIELSEN, PAUL C.		NAME							
STREET ADDRESS	900 N. MICHIGAN AVE.			ET ADDRESS						
CITY-ST-ZIP	CHICAGO, IL			-ST-ZIP						130
TITLE NAME	P MOTTA, JAMES D.	▼ Delete	TITLE			sident k D. Las	aman.		☐ Change	X Addition
STREET ADDRESS	7900 GLADES RD			ET ADDRESS		O Glades				
CITY-ST-ZIP	BOCA RATON, FL			-ST-ZIP		-	FL 33434			
TITLE	D	☐ Delete	TITLE						Change	☐ Addition
NAME	NICKELE, GARY	_ 55555	NAME							
STREET ADDRESS	900 N. MICHIGAN AVE.			et address						
CITY+SI-ZIP	CHICAGO, IL 60611		CITY	-ST-ZIP						
TITLE	V	☐ Delete	TITLE						☐ Change	■ Addition
NAME STREET ADDRESS	LOVELETTE, STEPHEN A.		NAM	E Et address						
CITY+ST-ZIP	900 N. MICHIGAN AVE. CHICAGO, IL 60611			-ST-ZIP						
TITLE	AS	☐ Delete	TITLE						☐ Change	Addition
NAME	EWING, KAREN M		NAM							
STREET ADDRESS	900 N.MICHIGAN AVE		1	ET ADDRESS						
CITY-ST-ZIP	CHICAGO, IL 60611		CITY	- ST - ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			NAMI STRE	E Et address						
CITY+ST-ZiP				-ST-ZIP						
	Lectify that the information supplied wit	h this filing doos not qualify for			ad in Ca	orion 110.07/2V	i) Elecido Stotutos	I further or	etifu that the i	information

I nereby 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 suppliemental 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: 🔏	WILL H. GUYMON	Karen M.	Ewing,	Asst.	Secretary	01/14/05	(312)	915-1969	
· -	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			Daytime Phone #	