


**2007. FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # J83710 1. Entity Name ARVIDA MANAGERS, INC.	
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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 US
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DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0011781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	S
NAME	NIELSEN, PAUL C.
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL
TITLE	P
NAME	LASSMAN, MARK D
STREET ADDRESS	7900 GLADES RD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	NICKELE, GARY
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60611
TITLE	V
NAME	LOVELETTE, STEPHEN A.
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO, IL 60611
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	

U00000678015
04/02/07-80016-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karen M. Ewing* **Karen M. Ewing** **1/30/07** **(312) 915-1969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #