

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90281 033 ***150.00

DOCUMENT # P29128

1. Corporation Name

Arvida/JMB Managers, Inc.

Principal Place of Business

900 N. Michigan Ave.
Chicago, IL. 60611-1575

Mailing Address

900 N. Michigan Ave.
Chicago, IL. 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

36-3506940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Bluhm, Neil G.	
STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL. 60611	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Malkin, Judd D.	
STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL. 60611	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Nathan, Stuart C.	
STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL. 60611	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Bluhm, Neil G.	
STREET ADDRESS	900 N. Michigan	
CITY-ST-ZIP	Chicago, IL. 60611	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Kogen, Howard	
STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL. 60611	
TITLE	Assistant Secretary	<input type="checkbox"/> DELETE
NAME	O'Mahoney, Karen M.	
STREET ADDRESS	900 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL. 60611	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen M. O'Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. O'Mahoney

04/19/1999

Date

(312) 915-1969

Daytime Phone #

CR2E034 (11/98)