FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90124 050 ***150.00

DOCUMENT # P29128

1. Entity Name:
ARVIDA/JMB MANAGERS, INC.

636151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 North Michigan Avenue	900 North Michigan Avenue
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Chicago, Illinois	City & State: Chicago, Illinois
Zip: 60611 Country: USA	Zip: 60611 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 36-3506940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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.

SIGNATURE: _____
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	TITLE	
NAME	Gary Nickele	NAME	
STREET ADDRESS	900 North Michigan Avenue	STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60611	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Neil G. Bluhm	NAME	
STREET ADDRESS	900 North Michigan Avenue	STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60611	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Stephen A. Lovelette	NAME	
STREET ADDRESS	900 North Michigan Avenue	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Chicago, Illinois 60611	CITY-ST-ZIP	**IN THIS SPACE**
TITLE	Secretary	TITLE	
NAME	Paul C. Nielsen	NAME	
STREET ADDRESS	900 North Michigan Avenue	STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60611	CITY-ST-ZIP	
TITLE	Assistant Secretary	TITLE	
NAME	Karen M. Ewing	NAME	
STREET ADDRESS	900 North Michigan Avenue	STREET ADDRESS	
CITY-ST-ZIP	Chicago, Illinois 60611	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen M. Ewing Asst. Secretary 03/25/02 (312) 915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)