2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90256 026 ***150.00

DOCUMENT # P29128

1. Entity Name
ARVIDA/JMB MANAGERS, INC.

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE SUITE 1400 CHICAGO, IL 60611 US	900 NORTH MICHIGAN AVENUE SUITE 1400 CHICAGO, IL 60611 US

03172004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLUHM, NEIL G. 900 N. MICHIGAN AVE. CHICAGO, IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Gary Nickele 900 N. Michigan Avenue Chicago, IL 60611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALKIN, JUDD D 900 N. MICHIGAN AVE. CHICAGO, IL 60611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Stephen A. Lovelette 900 N. Michigan Avenue Chicago, IL 60611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKELE, GARY 900 N. MICHIGAN AVE CHICAGO, IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Paul C. Nielsen 900 N. Michigan Avenue Chicago, IL 60611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS EWING, KAREN M 900 N. MICHIGAN AVE CHICAGO, IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 — 3/17/04 — 312/915-1969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #