


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P29128 1. Entity Name ARVIDA/JMB 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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01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3506940	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICKELE, GARY 900 N. MICHIGAN AVE. CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOVELETTE, STEPHEN A 900 N. MICHIGAN AVE. CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKELE, GARY 900 N. MICHIGAN AVE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EWING, KAREN M 900 N. MICHIGAN AVE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIELSEN, PAUL C 900 N MICHIGAN AVE CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/07/05-80059-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, Asst. Secretary 01/14/05 (312) 915-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #