SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P29630** **(1)**

1. Corporation Name

ARVIDA MANAGERS-II, INC.

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE. SUITE 1200 CHICAGO IL 60611	900 NORTH MICHIGAN AVENUE. SUITE 1200 CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/06/1990
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 36-3714718 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
6151 WEST BROWARD BLVD.
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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	☐ Change ☐ Addition	
NAME	BARBER, H. RIGEL	12 NAME		
STREET ADDRESS	900 N. MICHIGAN AVE.	13 STREET ADDRESS		
CITY ST ZIP	CHICAGO IL	14 CITY ST ZIP		
TITLE	EVP	21 TITLE	☐ Change ☐ Addition	
NAME	BLUHM, NEIL G.	22 NAME		
STREET ADDRESS	900 N. MICHIGAN AVE.	23 STREET ADDRESS		
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP		
TITLE	~~V~~	31 TITLE	P	X ☐ Change ☐ Addition
NAME	~~BROWN, TED R.~~	32 NAME	James Motta	
STREET ADDRESS	~~7900 GLADES ROAD~~	33 STREET ADDRESS	7900 Glades Road	
CITY ST ZIP	~~BOCA RATON FL~~	34 CITY ST ZIP	Boca Raton, FL	
TITLE	VS	41 TITLE	☐ Change ☐ Addition	
NAME	YATES, KEVIN B	42 NAME		
STREET ADDRESS	900 N. MICHIGAN	43 STREET ADDRESS		
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP		
TITLE	V	51 TITLE	☐ Change ☐ Addition	
NAME	GLUSKIN, JEFFREY	52 NAME		
STREET ADDRESS	900 N. MICHIGAN	53 STREET ADDRESS		
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP		
TITLE	~~V~~	61 TITLE	☐ Change ☐ Addition	
NAME	~~DONAHUE, VINCENT P.~~	62 NAME		
STREET ADDRESS	~~7900 GLADES ROAD~~	63 STREET ADDRESS		
CITY ST ZIP	~~BOCA RATON FL~~	64 CITY ST ZIP		

CR2E024 (3/95)

14. I do hereby certify that the information supplied with this filing is currently furnished and 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 (A) before it.

SIGNATURE: Kevin B. Yates 7/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date
Kevin B. Yates, Secretary (312)915-1936 (Daytime Phone #)

0170580 FP