LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A11658

FILED

02 OCT -1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A11658

1. Entity Name

Melbourne-JCP Associates, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
115 W. Washington Street	P.O. Box 7066, Tax Dept.
Suite, Apt. #, etc.: Suite 1450 East	Suite, Apt. #, etc.:
City & State: Indianapolis, IN	City & State: Indianapolis, IN
Zip: 46204 Country: Marion	Zip: 46204 Country: Marion

DUE BY MAY 1

4. FEI Number 34-1769970 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
2,000	2,000	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	B93000000570	STREET ADDRESS	BK
NAME	Simon Property Group, L.P.	CITY-ST-ZIP	
STREET ADDRESS	115 West Washington Street, Suite 1540 East	STREET ADDRESS	300001820937 43--4
CITY-ST-ZIP	Indianapolis, IN 46204	CITY-ST-ZIP	-10/04/02--01051--019 ****141.25 ****141.25
DOCUMENT #	F98000001489	STREET ADDRESS	
NAME	Simon Property Group, Inc.	CITY-ST-ZIP	
STREET ADDRESS	115 West Washington Street, Suite 1540 East		
CITY-ST-ZIP	Indianapolis, IN 46204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS			**IN THIS SPACE**
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: James A. Schmidt James A. Schmidt, Asst.Sec. 9/30/02 (317) 263-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #