LIMITED PARTNERSHIP
ANNUAL REPORT
1998 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B98000000519

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 28 AM 11:31

1. Name of Limited Partnership

1a. DOCUMENT # B98000000519

Simon DeBartolo/Rosche Bakery Associates, L.P.

Mailing Address	Principal Office Address
National City Center 115 W. Washington St. Suite 1540 Indianapolis, IN 46204	National City Center 115 W. Washington St. Suite 1540 Indianapolis, IN 46204

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered: 08/20/98

3a. Date of Last Report: N/A

4. State or Country of Formation: Delaware

5a. Capital Contributions as Shown on record: $4,003,676.00

5b. Amount of Capital Contributions in FLORIDA to date: $4,003,676.00

6. FEI Number: 35-2062692 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CT Corporation 1200 South Pine Island Road Plantation, FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City

900000273229--0
-01/06/99-01078--005
*****525.25 FL *****525.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SPG Properties, Inc.	National City Center 115 W. Washington St. Suite 1540	Indianapolis, IN 46204	F93000005528

BK 12/28/98

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE Randy DATE December 21, 1998

Typed or Printed Name of General Partner Signing Form SPG Properties, Inc.
By: Randolph L. Foxworthy, Executive Vice President

Daytime Telephone Number (317) 263-7080