2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9800000519 1. Entity Name							•				
SIMON DEBARTOLO/ROSCHE BAKERY ASSOCIATES, L.P.					F		ED				
Principal Place of Business P.O. BOX 7066 - TAX DEPT. INDIANAPOLIS IN 46207			Mailing Address P.O. BOX 7066 - TAX DEPT INDIANAPOLIS IN 46207		O1 MA SECRE TALLAH		PM 12 OF STA E. FLOF	TE RIDA	 		irir irii irr
2. Principal Place of Business National City Center Suite, Apt. #. etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
City & State TNdianapolis, IN			City & State			4. FI	El Number	35-2062692		- 	plied For t Applicable
Zip 46:		Country Marion	Zip	Cour	ntry	5. C	ertificate of	Status Desired		8.75 Add	litional
6. Name and Address of Current Registered Agent						7. N	ame and A	ddress of New R			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capit il Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS EN TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.											
12.	NOTE	GENERAL PARTNER		13.	i; an amendmer	it musi	De Illed	ADDRESS CHA			
DOCUMENT / F93000005528 NAME SPG PROPERTIES, INC. STREET ADDRESS DITY-ST-ZIP INDIANAPOLIS IN 46204					EET ADDRESS - ST-ZIP						
CITY-ST-ZIP DOCUMENT # NAME	INDIANAPO	LIS IN 46204		STRE	ET ADDRESS	_					
STREET ADDRESS CITY-ST-ZIP	35			CITY	- ST-ZIP						
DOCUMENT # NAME	IE .			STRE	ET ADDRESS	1000042869718					
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STREET ADCYESS CITY-ST-ZIP				CITY	-ST-ZIP						
14. I hereby certify that the information supplied with this filing does not qualify or 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 Chipter 620, Florida Statutes SIGNATURE: SIGNATURE Date Date Daytime Phone #											