2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

CHECK

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SIGNATURE:

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # A0000000638 1. Entity Name KIMCO GOVERNORS MARKETPLACE LTD. Principal Place of Business Mailing Address 3333 NEW HYDE PARK ROAD 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042 NEW HYDE PARK NY 11042 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 58-2548176 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City Zio 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. I am familiar with, and accept SIGNATURE Signature, typed or armind name of registerior agent and title it applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$20,000,000.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY EGCUMENT # P00000036356 STREET ADDRESS KIMCO GOVERNORS MARKETPLACE 317, INC. NAME STREET ADDRESS 3333 NEW HYDE PARK ROAD COY-ST-7IP U00000156602 CITY-ST-7(P NEW HYDE PARK NY 11042 05/06/04-80002-015 526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P C87Y-ST-789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!?Y-S1-2% DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 1 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

FILED

michael schindler on behalf of