

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

98 DEC 28 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A12914

EMI ONE LTD.

Mailing Address

C/O CORPORATE PROPERTY INVESTORS  
305 EAST 47TH STREET  
NEW YORK NY 10017

Principal Office Address

C/O CORPORATE PROPERTY INVESTORS  
305 EAST 47TH STREET  
NEW YORK NY 10017

3. Date Formed or Registered

07/27/1982

5a. Capital Contributions as  
Shown on record.

\$152,788,465.00

3a. Date of Last Report

12/29/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 7066-TAX Dept.

Suite, Apt. #, etc.  
Indianapolis INDIANA

City & State  
46207 USA

Zip Country

2a. Principal Office Address

P.O. Box 7066-TAX Dept.

Suite, Apt. #, etc.  
Indianapolis Indiana

City & State  
46207 USA

Zip Country

6. FEI Number

13-3172851

☐ 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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

700002742287--5

-01/14/99-01103--001

\*\*\*526.25 FL \*\*\*526.25

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)

200 SOUTH BISCAYNE CORP

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

305 E. 47TH STREET

11b. City, State & Zip Code

NEW YORK NY

11c. Registration/  
Document Number

P28188

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

*Stephen R. Stoffer*

DATE 12.22.98

Typed or Printed Name of General Partner Signing Form STEPHEN R. STOFFER, V.P. OF TAX GEN Daytime Telephone Number 317-636-1600

General Partner

CR2E003 (8/98)