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

empowered to execute this report as required by chapter, 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF ST Sandra B. Mortham Secretary of State DIVISION OF CORPORATION				FILED TARY OF STATE TARY OF STATE	
1. Name of Limited Partnership	1a. DOCUMENT # A14404			A DW OC	18 AM 9: 17 mit	
BRANDON PARTNERS, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as	
% KEVIN YATES	% KEVIN YATES			04/27/1983	Shown on record,	
900 N. MICHIGAN AVE.	900 N. MICHIGAN AVE.			3a. Date of Last Report	\$200.00	
CHICAGO IL 60611-1575	CHICAGO IL 60611-1575			12/31/1997	5h	
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address			FL FL	\$200.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		[6. FEI Number	Applied For	
City & State	City & State			36-3228947	Not Applicable	
Zip Country	Zip Country			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 Re	Gistered Agent	<u> </u>		10. If changed, new Registered	A gent/Office	
Name			101 Handigory for regional or right former			
C T CORPORATION SYSTEM Street		Street Addre	dress (P.O. Box Number Is Not Acceptable)			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Suitte, City		Suite, Apt. #	, Apt. #, etc.			
		City	FL Zip Code			
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)						
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 (Do NOT Use Post Office Box		11b.	City, State & Zip Code	11c. Registration/ Document Number	
URBAN SHOPPING CENTERS, LP. 900 N. MICHIGAN AVENU		CHICAGO IL		CAGO IL	A15685	
				500026 -11/24/ ****66	/ 3801092004	
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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee						