

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A14404**

1. Entity Name

**BRANDON PARTNERS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3: 05



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% KEVIN YATES 900 N. MICHIGAN AVE. CHICAGO IL 60611-1575</b>	Mailing Address <b>% KEVIN YATES 900 N. MICHIGAN AVE. CHICAGO IL 60611-1542</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>36-3228947</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. Capital Contributions as Shown on record.	<b>\$200.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>200.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>A15685 URBAN SHOPPING CENTERS, L.P. 900 N. MICHIGAN AVENUE CHICAGO IL</b>	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>500003251725 - 7</b>
		CITY - ST - ZIP	<b>05/15/00 01006 011 ****667.50 ****141.25</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

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. 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 Chapter 620, Florida Statutes

SIGNATURE: <b>Kim Schwaab</b>	<b>REQUIRED</b>	Ash sec.	4/13/00	(312) 915-1931
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**By: Urban Shopping Centers, L.P.**  
**By: Urban Shopping Centers, Inc.**  
**General Partner**

**General Partner**