

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -3 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A20302

1. Entity Name
CS PARTNERS, LTD



Principal Place of Business
115 W. WASHINGTON STREET, SUITE 15E
INDIANAPOLIS, IN 46204

Mailing Address
~~C/O CORPORATE PARALEGAL~~
~~115 W. WASHINGTON ST., SUITE 15E~~
~~INDIANAPOLIS, IN 46204~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 7066, TAX DEPT.
INDIANAPOLIS, IN 46207

City & State

04192005 Chg-LP CR2E003 (10/03)

Zip

Country

Zip

Country

4. FEI Number

36-3228922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$50,200.00

10. Amount of Capital Contributions
in FLORIDA to date. 50,200

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.

DOCUMENT # A15685
NAME URBAN SHOPPING CENTERS, L.P., LTD.
STREET ADDRESS 115 W. WASHINGTON STREET, SUITE 15E
CITY-ST-ZIP INDIANAPOLIS, IN 46204

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

05/27/05--01004--027 **440.15

000055384670
05/27/05--01004--027 **440.15

4/27/05 207.686-1600