

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 29 AM 11:22

1. Name of Limited Partnership

1a. DOCUMENT #  
**A26969**

**PLANTATION MALL DEVELOPERS LIMITED PARTNERSHIP**



Mailing Address

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

Principal Office Address

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

3. Date Formed or Registered

08/30/1988

5a. Capital Contributions as Shown on record

\$4,404,090.00

3a. Date of Last Report

01/03/1997

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

\$4,404,090.00

4. State or Country of Formation

IN

6. FEI Number

35-1700361

☐ 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

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)

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)

PLANTATION-SIMON, INC.  
SIMON, HERBERT  
SIMON, MELVIN

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

115 W. WASHINGTON STRE  
115 W. WASHINGTON ST.  
115 W. WASHINGTON STR

11b. City, State & Zip Code

INDIANAPOLIS IN  
INDIANAPOLIS IN 46204  
INDIANAPOLIS IN 46204

11c. Registration/Document Number

P02491

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-01/13/98--01048--021  
\*\*\*\*541.25 \*\*\*\*541.25

**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

HS

Typed or Printed Name of General Partner Signing Form

HERBERT SIMON

DATE

12/9/97

Daytime Telephone Number

317-263-2282

CR2E003 (6/97)