

# A27525

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

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Account Number : FCA000000023  
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LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
MSA/PSI WESTLAND LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

2016 JUN 24 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 27

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MSA/PSI Westland Limited Partnership  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Janelle Lopez

Contact Person

WP Glimcher Inc.

Firm/Company

180 East Broad Street

Address

Columbus, OH 43215

City, State and Zip Code

janelle.lopez@wpglimcher.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janelle Lopez

Name of Contact Person

at ( 614 )

887-5676

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
2016 JUN 24 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:  
MSA/PSI Woodford Limited Partnership

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: A27520

2. The jurisdiction of its formation is: Indiana

3. The date the entity was authorized to transact business in Florida is: 12/13/1988

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:  
\_\_\_\_\_

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:  
Name: Business Address:

<u>Simon Property Group, LP</u>	<u>101 East Broad Street</u>	<input type="checkbox"/> Add
		<input checked="" type="checkbox"/> Remove
	<u>Columbus, OH 43215</u>	<input type="checkbox"/> Change
<u>Washington Prime Group, LP</u>	<u>180 East Broad Street</u>	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
	<u>Columbus, OH 43215</u>	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

\_\_\_\_\_

Typed or printed name:

See attached signature block

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

6/24/2016 9:25:30 AM From: To: 8506176383( 5/5 )

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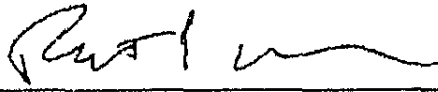
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*\*\* Attached Signature Block*

MSA/PSI WESTLAND LIMITED PARTNERSHIP, an Indiana limited partnership

By: WASHINGTON PRIME GROUP, L.P., an Indiana limited partnership, its  
general partner

By: WP GLIMCHER INC., an Indiana corporation, its general partner

By: 

Robert P. Demchak  
Executive Vice President, Assistant General Counsel & Assistant  
Secretary