

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A27527

**FILED**  
**Mar 13, 2008**  
**Secretary of State**

**Entity Name:** MSA/PSI ALTAMONTE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**New Principal Place of Business:**

**Current Mailing Address:**

225 W. WASHINGTON ST., PO BOX 7033  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46207

**New Mailing Address:**

225 W. WASHINGTON ST., PO BOX 7033  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 462077033

**FEI Number:** 35-1753431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: B93000000570  
Name: SIMON PROPERTY GROUP, L.P.  
Address: 225 W. WASHINGTON ST.  
City-St-Zip: INDIANAPOLIS, IN 46204

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. SCHMIDT

AS

03/13/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date