

A27527

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000151852 3)))



H160001518523ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
MSA/PSI ALTAMONTE LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$105.00

JUN 23 2016

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help

2016 JUN 22 AM 10:43

RECEIVED
TALLAHASSEE, FLORIDA

RECEIVED
TALLAHASSEE, FLORIDA
16 JUN 22 AM 9:52

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSA/PSI Altamonte 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)

Area Code and Daytime Telephone Number

887-5676

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

**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 Altamonte Joint Venture

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: A27527

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.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:

Simon Property Group, LP

180 East Broad Street

☐ Add

☒ Remove

Columbus, OH 43215

☐ Change

Washington Prime Group, LP

180 East Broad Street

☒ Add

☐ Remove

Columbus, OH 43215

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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 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

FILED
16 JUN 22 AM 9:52
TALLAHASSEE
FLORIDA
CLERK OF THE COURT

6/22/2016 10:14:43 AM From: To: 8506176383(5/5)

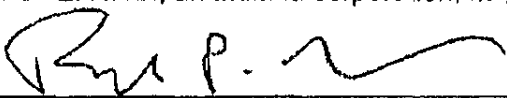
**** Attached Signature Block**

MSA/PSI ALTAMONTE 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**

FILED
16 JUN 22 AM 9:52
CLERK OF COURT
TALLAHASSEE, FLORIDA