

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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:

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION GULF COAST FACTORY SHOPS LIMITED PARTNERSHIP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$52.50 |

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Electronic Filing Menu

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Corporate Filing Menu



11/3/2015 3:51:54 PM From: To: 8506176383(2/4)

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|---|--|--|--|
| SUBJECT: Gulf C | oast Factory Shops Limited Partnership | | | |
| Name of Foreign Limi | ted Partnership or Limited Liability Limited Partnership | | | |
| The enclosed amendment and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to: | | | | |
| Jaymie McDougal | | | | |
| Contact Person | | | | |
| Simon Property Gro | up | | | |
| Firm/Company | | | | |
| 225 W. Washington | St. | | | |
| Address | | | | |
| Indianapolis, IN 462 City, State and Zip C | | | | |
| 3.77, 3.11.4 2.17 2.7 | | | | |
| jmcdougal@simon.co E-mail address: (to be used for future at | | | | |
| For further information concerning this matter, please call: | | | | |
| Jaymie McDougal | at (317) 685-7371 | | | |
| Name of Contact Person Area Code and Daytime Telephone Number | | | | |
| Enclosed is a check for the following | amount: | | | |
| \$52.50 Filing Fee \$\int \$61.25 Filing 1\$ and Certificate of Status | Fee \$\int \\$105.00 \text{ Filing Fee} \text{Certified Copy, and Certificate of Status} | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section | Registration Section Division of Corporations | | | |
| Division of Corporations Clifton Building | P. O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, FL 32314 | | | |
| Tallahassee, FL 32301 | · | | | |

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

| 2. The jurisdiction of its formation is: | Illinois | |
|---|--|------------------------|
| | | |
| 3. The date the entity was authorized to tra | nsact business in Florida | n is:04/02/1991 |
| 4. If the amendment changes the name of t limited partnership, enter the new name: | he limited partnership or | limited liability |
| Acceptable Limited Partnership suffixes: Limited P Acceptable Limited Liability Limited Partnership su or LLLP. | | |
| 5. If the amendment changes the general peach general partner: | artner(s), list the name ar | nd business address of |
| Name: | Business Address: | |
| Ellenton PO GP, LLC MISOUSS CY7 | 225 W. Washington St. Indianapolis, IN 46204 | |
| | | |
| | | |
| | | |
| | | |
| | | TO ST |
| Pag | e 1 of 2 | TARY OF STATE |

| 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 partnership statement, check the appropriate box: | liability limited | | | |
| The entity elects to be a limited liability limited par | rtnership. | | | |
| The entity is no longer a limited liability limited pa | rtnership. | | | |
| 9. Attached is an original certificate, no more than 90 days olds, aforementioned amendment(s), duly authenticated by the official leacords in the jurisdiction under the law of which this entity is org | naving custody of | | | |
| 10. Effective date, if other than the date of filing: | ument is filed by the Florida | | | |
| Signature of a general partner: | | | | |
| Janes | | | | |
| Typed or printed name: | | | | |
| James M. Barkley, Secretary and General Counsel of Ellenton PO GP, LLC | | | | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | S NOV -3 A ID CRETARY OF STA AHASSEE, FLOR | | | |
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