FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -3 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: JACKSONVILLE AVENUES LIMITED PARTNERSHIP

1a. DOCUMENT # A93000000029

Mailing Address:

Principal Office Address: MALL OF THE AVENUES
10300 SOUTHSIDE BLVD
JACKSONVILLE, FL 32256

2. Mailing Address: P.O. BOX 7066, TAX DEPT.
Suite, Apt. #, etc.:
City & State: INDIANAPOLIS, IN
Zip: 46207 Country: USA

2a. Principal Office Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. Date Formed or Registered: 01/08/1993

3a. Date of Last Report: 12/27/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $70,056.83

5b. Amount of Capital Contributions in FLORIDA to date: $70,056.83

6. FEI Number: 34-1728818 ☐ 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**

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

10. If changed, new Registered Agent/Office

Name:
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt. #, etc.:
City: FL Zip Code:

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10a. Pursuant to the provisions of sections 620.105 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SIMON DEBARTOLO GROUP, L.P.	7620 MARKET STREET	YOUNGSTOWN OH 44513	B93000000570
TR AVENUES CORP.	101 EAST 52ND STREET	NEW YORK NY 10022	F93000000109
CBL/AVENUES GP LIMITED PAR	6148 LEE HIGHWAY	CHATTANOOGA TN 37421	A92000000173

CR2E003 (6/96)

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 Sect on 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: SIMON DEBARTOLO GROUP, L.P.
By: SD PROPERTY GROUP, INC.
HERBERT SIMON, CEO

DATE: 12/30/96

Typed or Printed Name of General Partner Signing Form:

Daytime Telephone Number: 317-263-2282