

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000029

1. Entity Name

JACKSONVILLE AVENUES LIMITED PARTNERSHIP

Principal Place of Business

MALL OF THE AVENUES  
10300 SOUTHSIDE BLVD  
JACKSONVILLE FL 32256

Mailing Address

PO BOX 7066, TAX DEPT  
INDIANAPOLIS IN 46207-7066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1728818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$70,056.83

10. Amount of Capital Contributions  
in FLORIDA to date.

70,056.83

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # B93000000570  
NAME SIMON PROPERTY GROUP, L.P.  
STREET ADDRESS 7620 MARKET STREET  
CITY - ST - ZIP YOUNGSTOWN OH 44513-6085

DOCUMENT # F93000000109  
NAME TR AVENUES CORP.  
STREET ADDRESS 101 EAST 52ND STREET  
CITY - ST - ZIP NEW YORK NY 10022

DOCUMENT # A92000000173  
NAME CBL/AVENUES G.P. LIMITED PARTNERSHIP II  
STREET ADDRESS 6148 LEE HIGHWAY  
CITY - ST - ZIP CHATTANOOGA TN 37421

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

700003288637--9

CITY - ST - ZIP

-06/14/00--01054--003

\*\*\*526.25 \*\*\*526.25

STREET ADDRESS

CITY - ST - ZIP

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FILED  
00 MAY -1 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Steve Stauffer, Vice president of SPT properties LLC, the general partner of SPT LP, the general partner of Mall of the Avenues.

Date

Daytime Phone #

4/26/2004 (317) 263-2337

165(5) 300 1