2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000029

1. Entity Name

JACKSONVILLE AVENUES LIMITED PARTNERSHIP

FILED

01 MAY -7 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
MALL OF THE AVENUES 10300 SOUTHSIDE BLVD JACKSONVILLE FL 32256	PO BOX 7066. TAX DEPT INDIANAPOLIS IN 46207

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$70,056.83	$ 70,056.83	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B93000000570	STREET ADDRESS	
NAME	SIMON PROPERTY GROUP, L.P.	CITY-ST-ZIP	
STREET ADDRESS	7620 MARKET STREET		
CITY-ST-ZIP	YOUNGSTOWN OH 44513-6085		
DOCUMENT #	F93000000109	STREET ADDRESS	
NAME	TR AVENUES CORP.	CITY-ST-ZIP	300004376888--2 -06/07/01--01134--020 ****526.25 ****526.25
STREET ADDRESS	101 EAST 52ND STREET		
CITY-ST-ZIP	NEW YORK NY-10022		
DOCUMENT #	A92000000173	STREET ADDRESS	
NAME	CBL/AVENUES G.P. LIMITED PARTNERSHIP II	CITY-ST-ZIP	
STREET ADDRESS	6148 LEE HIGHWAY		
CITY-ST-ZIP	CHATTANOOGA TN 37421		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 REQUIRED 4/28/01 (317)636-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
STEVE STOLTZER VICE PRESIDENT