

2002 UNIFORM BUSINESS REPORT (UBR)

0019764 AB

DOCUMENT # **A93000000029**

1. Entity Name

JACKSONVILLE AVENUES LIMITED PARTNERSHIP

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**MALL OF THE AVENUES
10300 SOUTHSIDE BLVD
JACKSONVILLE FL 32256**

Mailing Address

**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

DUE BY MAY 1, 2002

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

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

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-02 (317) 636-6000

CR2E003 (9/01)