# 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
## DUE BY MAY 1, 2004

**FILED**
**Apr 13, 2004 08:00 AM**
**Secretary of State**

DOCUMENT# A93000000029

1. Entity Name *

JACKSONVILLE AVENUES LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| MALL OF THE AVENUES<br>10300 SOUTHSIDE BLVD<br>JACKSONVILLE FL 32256 | PO BOX 7066, TAX DEPT<br>INDIANAPOLIS IN 46207 |

MOORE CR2E003 (11/03)

| 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<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. 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 | U00000120162<br>04/20/04-80008-013 526.25 |
| STREET ADDRESS | 7620 MARKET STREET | | |
| CITY-ST-ZIP | YOUNGSTOWN OH 44513-6085 | | |
| DOCUMENT # | F93000000109 | STREET ADDRESS | |
| NAME | TR AVENUES CORP. | CITY-ST-ZIP | |
| 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 | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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:** _____ 4-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #