

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 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



MOORE CR2E003 (11/03)

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 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		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.

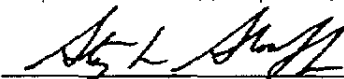
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$70,056.83	10. Amount of Capital Contributions in FLORIDA to date. \$70,056.83	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	000000120162
STREET ADDRESS	7620 MARKET STREET		04/20/04-80008-013 526.25
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	CB/L 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	
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:  **4-6-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE