

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A93000000029

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** JACKSONVILLE AVENUES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**New Principal Place of Business:**

**Current Mailing Address:**

225 W. WASHINGTON ST., PO BOX 7033  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 462077033

**New Mailing Address:**

**FEI Number:** 34-1728818      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: B93000000570  
Name: SIMON PROPERTY GROUP, L.P.  
Address: 225 W. WASHINGTON ST.  
City-St-Zip: INDIANAPOLIS, IN 46204

Document #: F93000000109  
Name: TR AVENUES CORP.  
Address: 101 EAST 52ND STREET  
City-St-Zip: NEW YORK, NY 10022

Document #: A92000000173  
Name: CBL/AVENUES G.P. LIMITED PARTNERSHIP II  
Address: 6148 LEE HIGHWAY  
City-St-Zip: CHATTANOOGA, TN 37421

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN E. FIVEL

AS

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date