2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 APR 30 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4/30
DUE BY MAY 1, 2003

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 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. $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

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	800017603988
NAME	SIMON PROPERTY GROUP, L.P.		04/30/03--01088--017 **526.25
STREET ADDRESS	7620 MARKET STREET	CITY-ST-ZIP	04/30/03--01088--017 **526.25
CITY-ST-ZIP	YOUNGSTOWN OH 44513-6085		
DOCUMENT #	F93000000109	STREET ADDRESS	
NAME	TR AVENUES CORP.		
STREET ADDRESS	101 EAST 52ND STREET	CITY-ST-ZIP	
CITY-ST-ZIP	NEW YORK NY 10022		
DOCUMENT #	A92000000173	STREET ADDRESS	
NAME	CBL/AVENUES G.P. LIMITED PARTNERSHIP II		
STREET ADDRESS	6148 LEE HIGHWAY	CITY-ST-ZIP	
CITY-ST-ZIP	CHATTANOOGA TN 37421		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (10/02)

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: SIGNATURE REQUIRED 4.23.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #