

2002 UNIFORM BUSINESS REPORT (UBR)

0019759 AB

DOCUMENT # **A95000001211**

1. Entity Name
BAKERY ASSOCIATES, LTD.

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**NATIONAL CITY CENTER
115 W. WASHINGTON STREET, SUITE 1540
INDIANAPOLIS IN 46204**

Mailing Address
**TAX DEPARTMENT
P.O. BOX 7066
INDIANAPOLIS IN 46207**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Zip Country

4. FEI Number **35-1960135** 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.

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

9. Capital Contributions as Shown on record. **\$250.00**

10. Amount of Capital Contributions in FLORIDA to date. **250.00**

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	STREET ADDRESS	
NAME	SIMON PROPERTY GROUP, L.P.	CITY-ST-ZIP	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 1540		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		
DOCUMENT #	B98000000519	STREET ADDRESS	
NAME	SIMON DEBARTOLO/ROSCHE BAKERY ASSOC., L.P.	CITY-ST-ZIP	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 1540		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		
DOCUMENT #		STREET ADDRESS	
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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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Se 426-02 (317) 636-1600

Date

Daytime Phone #

CR2E003 (9/01)