


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

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001211</b>	
1. Entity Name <b>BAKERY ASSOCIATES, LTD.</b>	

Principal Place of Business <b>NATIONAL CITY CENTER 115 W. WASHINGTON STREET, SUITE 1540 INDIANAPOLIS IN 46204</b>	Mailing Address <b>TAX DEPARTMENT P.O. BOX 7066 INDIANAPOLIS IN 46207</b>
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E003 (11/03)

**6. Name and Address of Current Registered Agent**

<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>
---

**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. <b>\$250.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>250.00</b>	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	
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/ROSCHKE BAKERY ASSOC., L.P.	CITY-ST-ZIP	
STREET ADDRESS	115 WEST WASHINGTON STREET, SUITE 1540		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

U00000133361  
04/27/04-80085-005 141.25

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:**   **4-7-04 3172632325**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #