

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001211

1. Entity Name
BAKERY ASSOCIATES, LTD.



FILED
03 APR 29 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RJH



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

DATE

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 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
NAME SIMON PROPERTY GROUP, L.P.
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 1540
CITY-ST-ZIP INDIANAPOLIS IN 46204

STREET ADDRESS

CITY-ST-ZIP

400017231354
04/29/03-01017-012 **141.25

DOCUMENT # B98000000519
NAME SIMON DEBARTOLO/ROSCHKE BAKERY ASSOC., L.P.
STREET ADDRESS 115 WEST WASHINGTON STREET, SUITE 1540
CITY-ST-ZIP INDIANAPOLIS IN 46204

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-23-03

Date

Daytime Phone #

CR2E003 (10/02)

0019919 MB

STAPLE CHECK HERE