2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900000139 1. Entity Name							FIL	ED CTATE		
SIMON/CHELSEA ORLANDO DEVELOPMENT LIMITED PARTNE							SECRETARY VISION OF C	ED OF STATE DRPORATIONS	mil	
Principal Place of Business Mailing Address 103 EISENHOWER PARKWAY ROSELAND NJ 07068 ROSELAND NJ 07068-1029							00 APR 28	PM 12: 06		
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2. Principal Place of Business 3. Mailing Address							1100(0))	319 19179 19111 89111 99111 1	##### ## #############################	019 1 000 1111 0 1011 1001
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE			
City & State City & State							4. FEI Number 22-36	29872		Applied For Not Applicable
Zip	Country			Zip	Coun	try	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
C T CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD										
PLANTATION FL 33324						City	y FL Zip Code			Zip Code
8. The above named entity submits this statement for the purpose of changing its reg						ed office or register	red agent, or both,	in the State of Florid	la.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Richard Contributions 405 000 000 000 10. Amount of Capital Contributions							a when reinstating)	11. MAKE CHECK	PAYABLE TO I	
as Shown on record. \$25,000,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE IN 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.	NOIE	GENERAL PARTNER			13.	; an amenomen	it must be illed	ADDRESS CHAN		·
DOCUMENT / M9900000045 NAME S/C ORLANDO DEVELOPMENT LLC					STRE	ET ADDRESS				
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytome Phone #										