APPROVE

## 2002 UNIFORM BUSINESS REPORT (UBR)

A9900000139 DOCUMENT # 02 JUN -3 PM 3: 36 1. Entity Name SIMON/CHELSEA ORLANDO DEVELOPMENT LIMITED PARTNE SECRETARY OF STATE TALLAHASSEE, FLORIDA **RSHIP** Mailing Address Principal Place of Business 103 EISENHOWER PARKWAY 103 EISENHOWER PARKWAY ROSELAND NJ 07068 ROSELAND NJ 07068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 22-3629872 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$25,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. CR2E003 (9/01) M99000000045 DOCUMENT # STREET ADDRESS S/C ORLANDO DEVELOPMENT LLC NAME <del>000005695288</del> 103 EISENHOWER PARKWAY STREET ADDRESS -06/06/02--01085--017 CITY-ST-ZIP **ROSELAND NJ 07068** CITY-ST-ZIP \*\*\*\*926.25 \*\*\*\*926.25 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Sharon Vuskalns

STREET #DORESS

CITY-ST-ZiP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

5/30/02

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