## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

## FILED Mar 28, 2008 08:00 Al Secretary of State

DOCUMENT # B0200000426  1. Entity Name TAMPA BAY MALL LIMITED PARTNERSHIP					Secretary of S			
Principal Plac	e of Business	Mailing Address			<u> </u>			
270 COMMERCE DRIVE ROCHESTER, NY 14623 ROCHESTER, NY 14623							II <b>BE</b> IN <b>EB</b> IN <b>69</b> 111	Oldad (ighe olivo) oli 1944
Principal Place of Business - No P.O. Box # 3. Mailing Address				***				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122008	Chg-LP	CR2E00	3 (12/06)	
City & State		City & State		4. FEI Number 74-3073	512		Applied For Not Applicable	
Zip	Country Zip		Countr	ry	5. Certificate of	f Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM				. Name .				
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
						•		T 7:- 0
The above named entity submits this statement for the purpose of changing its reg				City	FL Zip Code			
	ions of registered agent.	or the purpose of changing its i	registere	a onice ar register	ed agent, or both,	, in the State of Fig	orida. I am ia	miliar with, and accept
SIGNATURE -	Signature, typed or printed name of registered agen				<del>.</del>	DATE		
		N!!! FEE IS \$500.00 2008, Fee will be \$900	.00					
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENT AY NOT be changed on th	TITY ML ie form;	JST BE REGIST an amendmen	TERED AND AC	TIVE WITH TH	IS OFFICE	ner.
12.	GENERAL PARTNE	RINFORMATION	13.			ADDRESS CHA	ANGES ONLY	
DOCUMENT / NAME STREET ADDRESS	TAMPA BAY MALL GENERAL PARTNER CORPORATION 270 COMMERCE DRIVE			T ADDRESS		UUO	<u> </u>	<del>36</del> 2-011 500.00
CITY-ST-ZIP	ROCHESTER, NY 14623	. ,,	CITY-	51-214		04/10/	08-800	2-011 200.00
DOCUMENT # NAME STREET ADDRESS			STREE	T ADDRESS				
CITY-ST-ZIP			CITY	ST-ZIP				
DOCUMENT # NAME STREET ADDRESS		•	STREE	TADDRESS				
CITY-ST-ZIP	A Annual Control		CITY-S	ST-ZIP				
DOCUMENT / NAME SIREET ADDRESS			STREET	T ADDRESS				
CITY-ST-ZIP	U-007-9 ************************************		CITY	ST-ZIP				
DOCUMENT # NAME			STREET	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
DOCUMENT / NAME			STREET	T ADDRESS		<u></u>		
STREET ADDRESS CITY-ST-ZIP	****		CITY-S					
14. I hereby of indicated or the rec	certify that the information supplied wi on this report is true and accurate and eiver or trustee empowered to execute Tampo Outman	h this filing does not qualify fo that my signature shall have th this report as required by Cha General Yar her	or the exe he same of PV (	emptions contained legal effect as if m Florida Statutes	iade under oath; t	Florida Statutes, that I am a General	al Partner of t	ly that the information he limited partnership

SIGNATURE AND TYPED SAPRINTED NAME OF SIGNING GENERAL PARTNER WILLIAM SENCETICKET, VIE Provident