
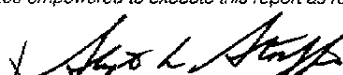


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

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

DOCUMENT # B93000000029 1. Entity Name SEMINOLE TOWNE CENTER LIMITED PARTNERSHIP					
Principal Place of Business 115 W. WASHINGTON ST., SUITE 15-E INDIANAPOLIS IN 46204				Mailing Address P.O. BOX 7066 - TAX DEPARTMENT INDIANAPOLIS IN 46207	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State _____		City & State _____		4. FEI Number 35-1875706	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$43,842,216.00		10. Amount of Capital Contributions in FLORIDA to date. 43,842,216.00		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 # MO1000000574 NAME SPG SEMINOLE, LLC STREET ADDRESS 115 W. WASHINGTON ST., SUITE 15-E CITY- ST- ZIP INDIANAPOLIS IN 46204				STREET ADDRESS _____ CITY- ST- ZIP _____	
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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:  4-7-04 3172632325					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE