FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9300000512**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 APR -9 AM 9: 22



GLIMCHER PROPERTIES LIMITED PARTNERSHIP				!		
Mailing Address 20 SOUTH THIRD STREET COLUMBUS OH 43215	Principal Office Address 20 SOUTH THIRD STREET COLUMBUS OH 43215			Formed or Registered /24/1993 te of Last Report /08/1996	58. Capital Contributions as Shown on record. 5.4.6,272,690.00 5.4.6-97 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address			or Country of Formation	to date:	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.			Number -1390925	Applied For	
City & State	City & State		7. Cert	ficate of Status Desired	Not Applicable	
Zip Country	Zip Country			Certificate of Status Desired S.75 Additional Fee Required Nake check payable to: Dept. of State (See reverse side for fee Information)		
9. Name and Address of Current I	Registered Agent		10.	If changed, new Register	ed Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name SIDOUD21429133-9 Street Address (P.O. Box Number is Not Acceptabl)4/15/97-01005-005 Suite, Apt. #, etc.				
10a. Pursuant to the provisions of sections 620.1051 and the purpose of changing its registered office or regist I am familiar with, and accept the obligations of sections. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I MUST	ered agent, or both, in the State of Florida on 620.192, Florida Statutes.	Such change w	PARTNERS	eneral partner(s). I hereby	accept the appointment of registered agent.	
11. Name(s) of General Partner(s)	11a. Address of Each Gener	- Daniel		State & Zip Code	11c. Registration/ Document Number	
GLIMCHER PROPERTIES CORPORAT	20 SOUTH THIRD STREET		COLUMBUS OH 43215		F9300004593 QU-14 F64576.25	
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with thi Corporations from any liability of non-compliance with 6 annual report is true and accurate and that my signatur empowered to execute this report as required by chapt	s filing is voluntarily furnished and does no Section 119.07(3)(k) in the event that the ir e shall have the same legal effects as it m er 620, Florida Statutes.	at qualify for the information supplied ade under cath.	exemption stated in S ed is deemed exemp I further certify that I	action 119.07(3)(k), Florida from public access. I furth im a General Partner of the	Statutes. I release the Division of er certify that the Information Indicated on the limited partnership, receiver or trustee	
SIGNATURE Surgasi	7V.	49 / CF	<u>,</u>	me Telephone Number	(614)621-9000	