

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 MAY -6 AM 11:27

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04202004 Chg-LP CR2E003 (10/03)

**DOCUMENT # B93000000512**  
 1. Entity Name  
**GLIMCHER PROPERTIES LIMITED PARTNERSHIP**



Principal Place of Business  
 20 SOUTH THIRD STREET  
 COLUMBUS, OH 43215

Mailing Address  
 20 SOUTH THIRD STREET  
 COLUMBUS, OH 43215

2. Principal Place of Business  
**150 East Gay St**  
 Suite, Apt. #, etc.

3. Mailing Address  
**150 East Gay St.**  
 Suite, Apt. #, etc.

City & State  
**Columbus, Ohio**

City & State  
**Columbus, Ohio**

Zip **43215** Country  
 Zip **43215** Country

4. FEI Number  
**31-1390925**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$75,399,386.00**

10. Amount of Capital Contributions in FLORIDA to date. **79,917,709**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	F93000004593 GLIMCHER PROPERTIES CORPORATION 20 SOUTH THIRD STREET COLUMBUS, OH 43215	STREET ADDRESS CITY-ST-ZIP	<b>600035705990</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>05/06/04--01038--014 **2276.25</b>
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**\$526.25**

STAPLE CHECK HERE

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: Lisa A Indest **Lisa A Indest** **614-621-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #