

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

DOCUMENT # B9300000512	
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 Street	3. Mailing Address 150 East Gay Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Columbus, Ohio	City & State Columbus, Ohio
Zip 43215	Zip 43215
Country	Country

FILED

2005 MAY 13 P 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number 31-1390925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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. \$79,917,709.00	10. Amount of Capital Contributions in FLORIDA to date. \$4,881,578
---	--

**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 # F93000004593	NAME GLIMCHER PROPERTIES CORPORATION	STREET ADDRESS 150 East Gay Street	
STREET ADDRESS 20 SOUTH THIRD STREET	CITY-ST-ZIP COLUMBUS, OH 43215	CITY-ST-ZIP Columbus, Ohio 43215	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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: *Lise Alv* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE

\$526.25