

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B93000000512**

1. Entity Name  
**GLIMCHER PROPERTIES LIMITED PARTNERSHIP**



Principal Place of Business

**150 EAST GAY STREET  
COLUMBUS, OH 43215**

Mailing Address

**150 EAST GAY STREET  
COLUMBUS, OH 43215**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-LP

CR2E003 (11/05)

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and date if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **F93000004593**  
NAME **GLIMCHER PROPERTIES CORPORATION**  
STREET ADDRESS **150 EAST GAY STREET**  
CITY-ST-ZIP **COLUMBUS, OH 43215**

**U000000491442**  
**04/19/06-80022-014 500.00**

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IN THIS SPACE**

STAPLE CHECK HERE

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Indet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**614.621.9000**