


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

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
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2. Principal Place of Business - No P.O. Box # 180 EAST BROAD STREET Suite, Apt. #, etc.	3. Mailing Address 180 EAST BROAD STREET Suite, Apt. #, etc.
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04232008 Chg-LP CR2E003 (12/06)

City & State COLUMBUS, OH	City & State COLUMBUS, OH	4. FEI Number 31-1390925	Applied For Not Applicable
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Zip 43215	Country USA	Zip 43215	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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	
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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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # F93000004593	NAME GLIMCHER PROPERTIES CORPORATION	STREET ADDRESS 180 EAST BROAD STREET	
STREET ADDRESS 150 EAST GAY STREET		CITY - ST - ZIP COLUMBUS, OH 43215	
CITY - ST - ZIP COLUMBUS, OH 43215			
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STAPLE CHECK HERE

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: Lise A. [Signature] Date: 4/28/08 Daytime Phone #: 614-621-9000