

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 DEC 18 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                     |                                                                                                                                                                                             |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LIMITED PARTNERSHIP<br>ANNUAL REPORT<br><b>1999</b> |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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|                                                                                                   |                                       |
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| 1. Name of Limited Partnership<br><b>SIMON PROPERTY</b><br><del>SIMON DEBARTOLO GROUP, L.P.</del> | 1a. DOCUMENT #<br><b>B93000000570</b> |
|---------------------------------------------------------------------------------------------------|---------------------------------------|

*Name change: Amendment Certificate enclosed*



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| Mailing Address<br><b>NATIONAL CITY CENTER</b><br><b>115 W. WASHINGTON STREET, SUITE 1450</b><br><b>INDIANAPOLIS IN 46204</b> | Principal Office Address<br><b>NATIONAL CITY CENTER</b><br><b>115 W. WASHINGTON STREET, SUITE 1450</b><br><b>INDIANAPOLIS IN 46204</b>  |
| 2. Mailing Address<br><b>115 W. Washington Street</b><br>Suite, Apt. #, etc. <b>Suite 1450</b><br>City & State<br>Zip Country | 2a. Principal Office Address<br><b>115 W. Washington Street</b><br>Suite, Apt. #, etc. <b>Suite 1450</b><br>City & State<br>Zip Country |

|                                                                                                    |                                                                                                                       |
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| 3. Date Formed or Registered<br><b>12/21/1993</b>                                                  | 5a. Capital Contributions as Shown on record.<br><b>\$23,338,000.00</b>                                               |
| 3a. Date of Last Report<br><b>12/22/1997</b>                                                       | 5b. Amount of Capital Contributions in FLORIDA to date:<br><b>\$23,338,000.00</b>                                     |
| 4. State or Country of Formation<br><b>DE</b>                                                      | 6. FEI Number<br><b>34-1755769</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 8. Make check payable to: Dept. of State (See reverse side for fee information)                                       |

|                                                                                                                                                      |                                                                                                                                                                |
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| 9. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> | 10. If changed, new Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City<br><b>FL</b> Zip Code |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

|                                                                                                                                                                                                             |                                                                                                                                                                       |                                                                                                                                                                                                        |                                                                                                        |
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| 11. Name(s) of General Partner(s)<br><b>SFG Properties, Inc.</b><br><del>SIMON DEBARTOLO GROUP, INC.</del><br><b>SD PROPERTY GROUP, INC.</b><br><b>Simon Property Group, Inc.</b><br><b>Amend. Dec 1998</b> | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)<br><b>115 W. WASHINGTON ST.</b><br><b>115 W. WASHINGTON ST.</b><br><b>115 W. Washington</b> | 11b. City, State & Zip Code<br><b>INDIANAPOLIS IN 46204</b><br><b>INDIANAPOLIS IN 46204</b><br><b>Indianapolis IN 300002715463--9.</b><br><b>-12/18/98--01013--002</b><br><b>****526.25 ****526.25</b> | 11c. Registration/Document Number<br><b>F93000005528</b><br><b>F93000005795</b><br><b>F93000001489</b> |
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form

**HERBERT SIMON Co-Chairman**

Daytime Telephone Number

**317-636-1600**

CR2E003 (8/98)