2002	UNIFORM	BUSINESS	REPORT	(UBR
				(ADII)

					FILED 02 APR -9 PM 3:31 SECRETARY OF STATE ALLAHASSEE, FLORIDA			
		<u> </u>	Suite, Apt. #, etc.		DUE BY MAY 1, 2002 4. FEI Number Applied For			
City & State			City & State		42-1421211 Not Applicable			
Zìp	Country	Zip	Cour	ntry	5. Certificate of Status Desired			
- -	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent Name				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105				Street Address (P.O. Box Number is Not Acceptable)				
l	SSEE FL 32301							
				City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent, or both, in the State of Florida.			
SIGNATURE								
9. Capital Contributions as Shown on record. \$64,820,676.00 In FLORIDA to date					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
as Shown on record. 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	F9400002076 EAGLE RIDGE MALL, INC.		STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	DORESS 110 N WACKER		СІТУ	-ST-ZIP				
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	· .			'-ST-ZIP	2000052583729			
DOCUMENT # NAME				EET ADDRESS	2000052583729 -04/12/0201091006 *****526.25 *****526.25			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME	AENT #		STRE	ET ADDRESS				
STREET APPRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT # NAME			STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ST-ZIP			-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:

STAPLE CHECK HERE