

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B94000000154**

1. Entity Name  
**EAGLE RIDGE MALL LIMITED PARTNERSHIP**



Principal Place of Business  
**110 N. WACKER**  
**CHICAGO, IL 60606 US**

Mailing Address  
**110 N. WACKER**  
**CHICAGO, IL 60606 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262004 Chg-LP CR2E003 (10/03)

4. FEI Number

**42-1421211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, SUITE 105**  
**TALLAHASSEE, FL 32301**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$64,820,676.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$ 526.25**

**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 # **F94000002076**  
NAME **EAGLE RIDGE MALL, INC.**  
STREET ADDRESS **110 N WACKER**  
CITY - ST - ZIP **CHICAGO, IL 60606**

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STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

000000158491  
05/07/04-80024-004 526.25

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:**

**Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Bernard Freibaum**

**4-16-04**

Date

**312-960-5205**

Daytime Phone #

STAPLE CHECK HERE