

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016690 AF

DOCUMENT # B95000000242

1. Entity Name

THE FALLS PARTNERS LIMITED L.P., LTD.

FILED

OT MAY -1 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

C/O HEITMAN/JMB ADVISORY CORPORATION  
180 NORTH LASALLE STREET  
CHICAGO IL 60601

2. Principal Place of Business

180 N. LaSalle Street

3. Mailing Address

c/o Susan Odland

Suite, Apt. #, etc.

Suite 3400

Suite, Apt. #, etc.

180 N. LaSalle Street

City & State

Chicago, Illinois 60601

City & State

Chicago, Illinois 60601

4. FEI Number

36-4057659

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$101,517,822.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,243,510.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M95000000208  
NAME THE FALLS MALL L.L.C.  
STREET ADDRESS 180 NORTH LASALLE STREET, SUITE 3600  
CITY-ST-ZIP CHICAGO IL 60601

DOCUMENT #  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-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

The Falls Mall L.L.C., general partner

By: HRC LLC, Manager

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/01

(312) 855-5700

Date

Daytime Phone #

CR2E003 (11/00)