2002 UNIFORM BUSINESS REPORT (UBR)

0017821 AT

DOCUMENT # B97000000194

1. Entity Name

DOLPHIN MALL ASSOCIATES LIMITED PARTNERSHIP

7001 1940 0006 4111 0490

FILED

2002 APR 30 AM 8:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
200 EAST LONG LAKE RD. P.O. BOX 200 BLOOMFIELD HILLS MI 48303	200 EAST LONG LAKE RD. P.O. BOX 200 BLOOMFIELD HILLS MI 48303

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 52-2033087 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$64,494,296.45	125,799,969	

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 #	M99000000480	STREET ADDRESS	
NAME	TAUBMAN-DOLPHIN MALL ASSOCIATES LLC	CITY-ST-ZIP	
STREET ADDRESS	200 EAST LONG LAKE RD.		
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48303		
DOCUMENT #	F98000006831	STREET ADDRESS	FF $526.25
NAME	SREG DOLPHIN MALL, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 HOLLYWOOD WAY		
CITY-ST-ZIP	HOLLYWOOD FL 33021		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100005597191--4
NAME		CITY-ST-ZIP	-05/22/02--01025--026
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #