2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018350 AB

DOCUMENT # B97000000194

1. Entity Name
DOLPHIN MALL ASSOCIATES LIMITED PARTNERSHIP

FILED
03 APR 29 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

4/29

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, 2003

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. $125,799,969.00

10. Amount of Capital Contributions in FLORIDA to date. $137,991,722

11. MAKE CHECK PAYABLE TO FL. 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 #	M99000000480
NAME	TAUBMAN-DOLPHIN MALL ASSOCIATES LLC
STREET ADDRESS	200 EAST LONG LAKE RD.
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48303
DOCUMENT #	F02000004994
NAME	TAUBMAN-DOLPHIN, INC.
STREET ADDRESS	200 EAST LONG LAKE RD.
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48303
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	400017281184
STREET ADDRESS	04/29/03--01037--012 **526.25
CITY-ST-ZIP	
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CITY-ST-ZIP	

CR2E003 (10/02)

STAPLE CHECK HERE

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 Dennis J. Hecht 4/21/03 248 258 7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #