

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

**DOCUMENT # B97000000679**

1. Entity Name  
**GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP**



Principal Place of Business  
**20 SOUTH THIRD STREET  
 COLUMBUS, OH 43215**

Mailing Address  
**20 SOUTH THIRD STREET  
 COLUMBUS, OH 43215**

2. Principal Place of Business  
**150 East Gay Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**150 East Gay Street**  
 Suite, Apt. #, etc.

City & State  
**Columbus, Ohio**  
 Zip **43215** Country

City & State  
**Columbus, Ohio**  
 Zip **43215** Country

04202004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**31-1578002** 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. **\$76,160,996.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **80,724,959**

**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 # **F97000006624**  
 NAME **GLIMCHER TAMPA, INC.**  
 STREET ADDRESS **20 SOUTH THIRD STREET**  
 CITY-ST-ZIP **COLUMBUS, OH 43215**

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**13. ADDRESS CHANGES ONLY**

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**300035706003**  
**05/05/04-01038-015 \*\*2278.25**

**#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: *Lisa A. Indest* **Lisa A. Indest**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # **614-621-9000**

STAPLE CHECK HERE

**FILED**

**04 MAY -6 AM 11:24**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

