

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B97000000679	
1. Entity Name GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP	



FILED

2005 MAY 13 P 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 20 SOUTH THIRD STREET COLUMBUS, OH 43215	Mailing Address 20 SOUTH THIRD STREET COLUMBUS, OH 43215
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2. Principal Place of Business 150 East Gay Street	3. Mailing Address 150 East Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04262005 Chg-LP CR2E003 (10/03)

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

4. FEI Number 31-1578002	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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. \$80,724,959.00	10. Amount of Capital Contributions in FLORIDA to date. 85,738,968
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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 # NAME STREET ADDRESS CITY - ST - ZIP	F97000006624 GLIMCHER TAMPA, INC. 20 SOUTH THIRD STREET COLUMBUS, OH 43215	STREET ADDRESS CITY - ST - ZIP	150 East Gay Street Columbus, Ohio 43215
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\$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	Date _____ Daytime Phone # _____
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STAPLE CHECK HERE