



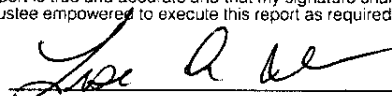
2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

DOCUMENT # B97000000679 1. Entity Name GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP								
Principal Place of Business 150 EAST GAY STREET COLUMBUS, OH 43215			Mailing Address 150 EAST GAY STREET COLUMBUS, OH 43215					
2. Principal Place of Business - No P.O. Box # 180 EAST BROAD STREET Suite, Apt. #, etc.		3. Mailing Address 180 EAST BROAD STREET Suite, Apt. #, etc.						
City & State COLUMBUS, OH		City & State COLUMBUS, OH		4. FEI Number 31-1578002				
Zip 43215		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>								
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00								
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 #	F97000006624		STREET ADDRESS	180 EAST BROAD STREET				
NAME	GLIMCHER TAMPA, INC.		CITY-ST-ZIP	COLUMBUS, OH 43215				
STREET ADDRESS	150 EAST GAY STREET		<div style="font-size: 1.2em; font-weight: bold;">900128735029</div> <div style="font-size: 0.8em;">05/07/08--01011--011 **500.00</div>					
CITY-ST-ZIP	COLUMBUS, OH 43215							
DOCUMENT #						STREET ADDRESS		
NAME						CITY-ST-ZIP		
STREET ADDRESS						CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP					

STAPLE CHECK HERE

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/08

Date

614-621-9000

Daytime Phone #