2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # B97000000679 08 MAY -7 PM 1:51 GLIMCHER UNIVERSITY MALL LIMITED PARTNERSHIP Principal Place of Business Mailing Address 150 EAST GAY STREET 150 EAST GAY STREET COLUMBUS, OH 43215 COLUMBUS, OH 43215 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 180 EAST BROAD STREET 180 EAST BROAD STREET Suite, Apt. #, etc. Suite, Apt. #, etc 04232008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 31-1578002 COLUMBUS, OH COLUMBUS, OH Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 43215 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable DATE 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 F97000006624 DOCUMENT # 180 EAST BROAD STREET STREET ADDRESS GLIMCHER TAMPA, INC. NAME STREET ADDRESS 150 EAST GAY STREET COLUMBUS, OH 43215 City-St-ZIP CITY-ST-ZIP COLUMBUS, OH 43215 900128739 057708--01011--01 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-\$1-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

FILED

SECRETARY OF STATE

TALLAHASSEE, FLORIDA