2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 19, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # B9800000 ERICH PROPERTIES, L		-	Secretary of State		
Principal Place 401 WILSHIRE SANTA MONIC	E BLVD., SUITE 700	Mailing Address 401 WILSHIRE BLVE SANTA MONICA, CA		00		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232004 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied 35-2038128 Not Appl	
Zip	Country	Zip	Cous	atry	5. Certificate of Status Desired S8.75 Additional Fee Required	i
	6. Name and Address of Curro	ent Registered Agent		Name	7. Name and Address of New Registered Agent	
1200 SOUT	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324				s (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code	
8. The above the obligation	named entity submits this statement ons of registered agent.	t for the purpose of changing	its register	red office or regist	tered agent, or both, in the State of Florida. I am familiar with, and a	ccept
CICNATURE	Signature, typed or printed name of registered as	gent and title if applicable			. DATE	_
9. Capital Cor as Shown o	n record, \$0.00	10. Amount of Ca in FLORIDA	to date.			
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTI F98000001707	NER INFORMATION	13.		ADDRESS CHANGES ONLY	
NAME	SIMCO ACQUISTIONS, INC.			REET ADDRESS		
STREET ADORESS CITY-ST-BP	115 WEST WASHINGTON STREET INDIANAPOLIS, IN 46204 F98000001708 MACERICH PROPERTY EQ GP CORP.			Y-ST-ZIP	U00000133358 U4/27/04-80085-003 141.25	
DOCUMENT # NAME				REET ADDRESS		
STREET ADDRESS GITY-ST-ZIP	401 WILSHIRE BLVD., SUITE SANTA MONICA, CA 90401		CR	Y-SI-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS	12.	
STREET ADDRESS CITY - ST - ZIP			CIT	Y-SY-ZIP		
DOCUMENT # NAME		S = 4.	SEE	REET ADDRESS		
STREET AODRESS CITY - SI - ZIP			CIT	Y-ST-ZIP		
DOCUMENT # NAME			Sa	ILE I ADORESS		
STREET ADDRESS CITY-ST-ZIP			саг	Y-S1-Z1P		
DOCUMENT # NAME			STR	NEET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		
14. I hereby condicated the receive	ertify that the information supplied on this repon is true and accurate a er or trustee empowered to execute Macerich Pro	with this filing does not qualify and that my signature shall his this report as required by Coperty EQ GP Co	y for the exercise the same the same hapter 620.	emption stated in te legal effect as i Florida Statutes its gener	Section 119.07(3)(f); Florida Statutes. Hurther certify that the information and conder oath, that I am a General Partner of the limited partner rall partner of the limited partner of the limited partner of the limited partner of the limited partner of 109 /04 (310) 899-64	ution ship or
SIGNAT		O OR PRINTED NAME OF SIGNING GE				.33
		R. Shannon, V.				