2005 LIMITED FEATNERSHIP ANNUAL REPORT Due By May 1, 2005

May 11, 2005 08:00 AM Secretary of State DOCUMENT # B9800000176 SDG MACERICH PROPERTIES, L.P. Principal Place of Business Mailing Address 401 WILSHIRE BLVD., SUITE 700 401 WILSHIRE BLVD., SUITE 700 SANTA MONICA, CA 90401 SANTA MONICA, CA 90401 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #. etc. 03032005 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State 35-2038128 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions as Shown on record. _\$0.00 10. Amount of Capital Contributions in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F98000001707 DOCUMENT # STREET ADDRESS NAME SIMCO ACQUISTIONS, INC. V00000365797 05/11/05-80016-020_141 STREET ADDRESS 115 WEST WASHINGTON STREET CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS, IN 46204 F98000001708 DOCUMENT # STREET ADDRESS MACERICH PROPERTY EQ GP CORP. NAME STREET ADDRESS 401 WILSHIRE BLVD., SUITE 700 CITY-ST-ZIP CITY-ST-ZIP SANTA MONICA, CA 90401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 eath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute his report as required by Chapter 620, Florida Statutes MACERICH PROPERTY OF GP CORP., its General Partner

FILED

04/**ft** /05 (310)899-6433

Daytime Phone #

SIGNATURE: .