2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	- R980	0000C	1176
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1. Entity Name SDG MACERICH PROPERTIES, L.P.



Principal Place of Business 401 WILSHIRE BLVD., SUITE 700 SANTA MONICA CA 90401

Mailing Address 401 WILSHIRE BLVD.. SUITE 700 SANTA MONICA CA 90401

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SEGRETARY BE STARE TALBERHASSEE, FLORIDA



Principal Place of Business 3. Mailing Address						IQNO IRIOT ROLLI GOLIK ODIK ODIK ODIK	AI 88411 88181			
	<u>ilshire Bl</u>	vd.	401 Wilshire Blvd. Suite, Apt. #, etc.		• •					
. ,	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 700				DUE BY MAY 1,	2003	1			
City & State City & State			4. FEI Number	35-2038128		Applied For				
Santa Monica, CA Santa Monica, CA					00 2000 120		Not Applicable			
Zip		untry	Zip 90401	Coun		5. Certificate of	of Status Desired	\$8.75 Fee Rec	Additional	
90401 USA 90401 USA 5. Senting as 5. Senting							Address of New Registere		100	
0.7.000					Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
				Ollect Address (1.0. Box Nation is Not Addeptable)						
PLANIAII	ION FL 33324									
				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 obligat	tions of registered a	agent,							l	
SIGNATURE -	Signature, typed or printe	ed name of registered agent and	title if applicable.				DATE			
9. Capital Co		\$0.00	10. Amount of Ca	pital Contril	butions	11. MAKE CHECK PAYABLE TO EL DEPT OF STATE				
as Shown			in FLORIDA to			0	SEE REVERSE SIDE F		FORMATION	
-5-							CTIVE WITH THIS OFFIC I to change a general p			
12.		GENERAL PARTNER IN		13.	, an amendin	ent mast de mea	ADDRESS CHANGES C			
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NAME	SIMCO ACQUIS			SIRE	ET ADDRESS					
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	entify that the infor	mation supplied with the	e filing does not gualife	for the ever	motion stated in	Section 110.07(2)(i)	Florida Statutos I further o	ortifu that t	ho information	

Thereby 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 shalf 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 recoiver by Chapter 620, Florida Statutes

Corp., its general partner

SIGNATURE BEQUIRED SIGNATURE: By: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MACONNA R. Shannon, Vice President

STAPLE CHECK HERE

03/18/03 (310) 394-6000 Date Daytime Phone #