
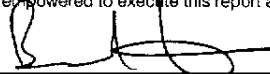


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # B98000000456</b>  |   |         |   |
| 1. Entity Name<br>ALTAMONTE SPRINGS MALL, L.P.  |   |  |   |
| Principal Place of Business<br>110 N. WACKER<br>CHICAGO, IL 60606   |   | Mailing Address<br>110 NORTH WACKER<br>CHICAGO, IL 60606                                 |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country                                   |
|   |   | 03262004 Chg-LP CR2E003 (10/03)  |   |
|   |   | 4. FEI Number<br>36-4239281  | Applied For<br>Not Applicable             |
|   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |   |  |   |
| 9. Capital Contributions as Shown on record. \$84,500,000.00  |   | 10. Amount of Capital Contributions in FLORIDA to date. \$526.25                         |   |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |   |  |   |
| 12. GENERAL PARTNER INFORMATION   |   | 13. ADDRESS CHANGES ONLY   |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | M99000001940<br>ALTAMONTE SPRINGS MALL, L.L.C.<br>110 NORTH WACKER DRIVE<br>CHICAGO, IL 60606 | STREET ADDRESS<br>CITY - ST - ZIP  |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | STREET ADDRESS<br>CITY - ST - ZIP  | 000000158494<br>05/07/04-50024-007 526.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | STREET ADDRESS<br>CITY - ST - ZIP  |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | STREET ADDRESS<br>CITY - ST - ZIP  |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | STREET ADDRESS<br>CITY - ST - ZIP  |   |
| 14. I hereby 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 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 |   |  |   |
| SIGNATURE:  Bernard Freibaum   |   | 4-16-04 312-960-5205   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |   | Date Daytime Phone #   |   |

STAPLE CHECK HERE