2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 24, 2005 08:00 AM Secretary of State

DOCUMENT # B9800000456 1. Entity Name ALTAMONTE SPRINGS MALL, L.P.								Secreta	ary o	f State
110 N	Principal Place of Business Mailing Address 110 N. WACKER 110 NORTH WACKER CHICAGO, IL 60606 CHICAGO, IL 60606					· · · · · · · · · · · · · · · · · · ·			***************************************	IN WINDS STORY WITH A LAND
2. Prir	t. Principal Place of Business 3. Mailing Address									
Sui	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02162005	Chg-LP	CR2E0	03 (10/03)
Cit	City & State			City & State			4. FEI Number 36-4239	281		Applied For Not Applicable
Zip)	Country	Zip		Coun	itry		Status Desired	<u>.</u>	\$8.75 Additional Fee Required
	Name and Address of Current Registered Age				<u>jent</u>		7. Name and A	ddress of New R	egistered A	Agent
1201	HAYS S	ION SERVICE COMPANY STREET EE, FL 32301				Street Address (P.O. Box Number is Not Acceptable)				
						City			FL	Zip Code
	3. 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 lamiliar with, and a the obligations of registered agent.									familiar with, and accept
SIGNA	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							· · · · · · · · · · · · · · · · · · ·	DATE	
	pital Contri Shown on		10	 Amount of Capital Contributions in FLORIDA to date. 				Æ	526.	.25
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f							to change a ge	neral par	tner.
12.	12. GENERAL PARTNER INFORMATION				13.			ADDRESS CHA	MGES ON	<u>-Y</u>
DOGUMI NAME	A	199000001940 LTAMONTE SPRINGS MALL,	L.L.C.	\$		EET ADDRESS				
CITY-ST	r-zip C	10 NORTH WACKER DRIVE HICAGO, IL 60606			CITY	'-ST-ZIP		····		
NAME STREET	ADDRESS				STRI	EET ADDRESS				· · · · · · · · · · · · · · · · · · ·
CITY-ST	T-ZIP				CITY	'- ST - ZIP				
NAME	ADDRESS					EET ADDRESS		<u> </u>)3<u>6</u>820	1 -012 526.25
CITY-ST	T-ZIP				╂	-ST-ZIP		U5/24/U5-	-80012	-012 526.25
NAME STREET	ADDRESS					-ST-ZIP				
CITY-ST					╂┈	EET AODRESS				
ပ _{ြင်ကv_st}	ADDRESS					-ST-ZIP	The state of the s			
NAME DOCUM		1			STRI	EET ADDRESS				
	ADORESS 1 - ZIP				GITY	'-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
14. 11	hereby cer	tify that the information supplied wi	ith this filing	does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i).	Florida Statutes. I	further cer	tify that the information

14. I nereby certify that the information supplied with this tilling does not quality 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bernard Freibaum

4-20-05

312-960-5000

Daytime Phone #