

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017062 AT

DOCUMENT # B98000000456



1. Entity Name
ALTAMONTE SPRINGS MALL, L.P.

Principal Place of Business
110 N. WACKER
CHICAGO IL 60606

Mailing Address
110 NORTH WACKER
CHICAGO IL 60606

FILED
03 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 36-4239281

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$84,500,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$84,500,000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M99000001940
NAME ALTAMONTE SPRINGS MALL, L.L.C.
STREET ADDRESS 110 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

STREET ADDRESS

CITY-ST-ZIP

~~04/30/03--01098--009 **526.25~~

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE REQUIRED Bernard Freidbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-03
Date

(312) 960-5205
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE