

B98000000457



ACCOUNT NO. : 072100000032

REFERENCE : 893339 4802844

AUTHORIZATION :

*Patricia Pizzuti*

COST LIMIT : \$ 1793.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JUL 16 PM 12:26

FILED

ORDER DATE : July 15, 1998

ORDER TIME : 9:17 AM

ORDER NO. : 893339-015

CUSTOMER NO: 4802844

CUSTOMER: Suzanne Knoll, Legal Assistant  
Neal Gerber & Eisenberg  
Two North Lasalle Street  
Suite 2300  
Chicago, IL 60602

200002590572--8

FOREIGN FILINGS

NAME: ALTAMONTE SPRINGS MALL II,  
L.P.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

DIVISION OF CORPORATION

98 JUL 15 AM 10:43

RECEIVED

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Altamonte Springs Mall II, L.P.  
(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. July 10, 1998  
(State of Formation) (Date of Formation)

5. Corporation Service Company  
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street  
(Street Address of Registered Office)  
Tallahassee 32301  
(City) , Florida (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:  
Corporation Service Company  
By: Margaret A. Pike, Authorized Representative  
(Agent must sign on this line)

8. 1013 Centre Road, Wilmington, Delaware 19805-1297  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS  
Altamonte Springs Mall, Inc. 110 North Wacker, Chicago, IL 60606

10. 110 North Wacker, Chicago, IL 60606  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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TALLAHASSEE, FLORIDA

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12. 110 North Wacker, Chicago, IL 60606

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 15<sup>th</sup> day of July, 19 98  
Altamonte Springs Mall, Inc.

By: [Signature]  
General Partner  
Marshall E. Eisenberg, Secretary

STATE OF Illinois

COUNTY OF Cook

On this 15<sup>th</sup> day of July, 19 98.

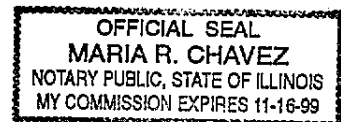
MARSHALL E. EISENBERG personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

MARIA R. CHAVEZ  
(Notary's Printed Name)



Seal

My Commission Expires: 11-16-99

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Marshall E. Eisenberg, Secretary of Altamonte Springs  
a general partner of Altamonte Springs Mall II, L.P., a (an) Delaware Mall, Inc.  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 84,500,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 84,500,000.00

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

This 15th day of July, 19 98.  
Altamonte Springs Mall, Inc.

By: [Signature]  
General Partner  
Marshall E. Eisenberg, Secretary

STATE OF ILLINOIS  
COUNTY OF COOK

On this 15th day of July, 19 98,

MARSHALL E EISENBERG, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
(Notary Public Signature)

MARIA R. CHAVEZ  
(Notary's Printed Name)

OFFICIAL SEAL  
MARIA R. CHAVEZ  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11-16-99

Seal

My Commission Expires:

11-16-99

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