

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -5 AM 8:48

1. Name of Limited Partnership	1a. DOCUMENT # B98000000457
ALTAMONTE SPRINGS MALL II, L.P.	



Mailing Address 110 NORTH WACKER CHICAGO IL 60606	Principal Office Address 110 NORTH WACKER CHICAGO IL 60606	3. Date Formed or Registered 07/16/1998	5a. Capital Contributions as Shown on record. \$84,500,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date. 84,500,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	6. FEI Number 36-4239282 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information) \$526.25
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) ALTAMONTE SPRINGS MALL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 110 NORTH WACKER	11b. City, State & Zip Code CHICAGO IL 60606	11c. Registration/ Document Number F98000004052
000002755570--5 -01/26/99--01095--009 *****526.25 *****526.25			

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 12-23-98

Typed or Printed Name of General Partner Signing Form Bernard Freibaum V. Pres/Treas. Daytime Telephone Number (312) 960-5164

CR2E003 (8/98)