

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90001 013 \*\*\*150.00

|                                                                                 |  |                           |                                                                     |     |  |
|---------------------------------------------------------------------------------|--|---------------------------|---------------------------------------------------------------------|-----|--|
| <b>DOCUMENT # F02000006354</b>                                                  |  |                           |                                                                     |     |  |
| <b>1. Entity Name</b><br>TAMPA BAY MALL GENERAL PARTNER CORPORATION             |  |                           |                                                                     |     |  |
| <b>Principal Place of Business</b><br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623 |  |                           | <b>Mailing Address</b><br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623 |     |  |
| <b>2. Principal Place of Business</b>                                           |  | <b>3. Mailing Address</b> |                                                                     |     |  |
| Suite, Apt. #, etc.                                                             |  | Suite, Apt. #, etc.       |                                                                     |     |  |
| City & State                                                                    |  | City & State              |                                                                     |     |  |
| Zip                                                                             |  | Country                   |                                                                     | Zip |  |
| Country                                                                         |  | Country                   |                                                                     |     |  |

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|                                                |  |                                                         |  |
|------------------------------------------------|--|---------------------------------------------------------|--|
| <b>4. FEI Number</b><br>APPLIED FOR 74-3073505 |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b>        |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|                                                                                                                                         |  |                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  | <b>7. Name and Address of New Registered Agent</b> |  |
| Name                                                                                                                                    |  | Name                                               |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                      |  | Street Address (P.O. Box Number is Not Acceptable) |  |
| City                                                                                                                                    |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

|                                                                       |  |                                                                                                                        |  |                                                                                              |  |
|-----------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b> |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
|-----------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|

|                                                |                                                                           |                                 |                                                |                                                                       |                                                                              |  |  |
|------------------------------------------------|---------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|
| <b>10. OFFICERS AND DIRECTORS</b>              |                                                                           |                                 |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>          |                                                                              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GLAZER, MALCOLM I<br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GLAZER, BRYAN<br>270 COMMERCE DRIVE<br>ROCHESTER NEW YORK 14623  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GLAZER, EDWARD<br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GLAZER, DARCIE<br>270 COMMERCE DRIVE<br>ROCHESTER NEW YORK 14623 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>SONDERICKER, WILLIAM C<br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VST<br>GLAZER, KEVIN<br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GLAZER, AVRAM<br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GLAZER, JOEL<br>270 COMMERCE DRIVE<br>ROCHESTER, NY 14623            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|                   |                                                           |
|-------------------|-----------------------------------------------------------|
| <b>SIGNATURE:</b> | 7/19/2004 585 359 3000<br><small>Caroline Phone #</small> |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR