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Secretary of State

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001823

1. Entity Name
GLIMCHER MERRITT SQUARE, LLC

30000206

Principal Place of Business	Mailing Address
C/O THOR EQUITIES, LLC 25 WEST 39TH ST NEW YORK, NY 10018	C/O THOR EQUITIES, LLC 139 FIFTH AVENUE NEW YORK, NY 10010

01082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
150 East Gay Street	
Suite, Apt. #, etc.: 24th Floor	Suite, Apt. #, etc.
City & State: Columbus, OH	City & State
Zip: 43215 Country: USA	Zip Country

4. FEI Number: 20-2597635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301

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], Asst Sec 1/31/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOR URBAN OPERATING FUND, LP 139 FIFTH AVENUE NEW YORK, NY 10010	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Glimcher Properties Limited Partnership 150 East Gay Street, 24th Floor ~~Columbus, OH 43215~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOTE: As of 3/17/2008: 180 East Broad Street Columbus, OH 43215	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Kim A. Rieck, Sr. VP, Sec'y & Gen Counsel 1/8/08 614-621-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #