

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001940

1. Entity Name

ALTAMONTE SPRINGS MALL L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

110 N. WACKER

110 N. WACKER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chicago, IL

City & State

Chicago, IL

4. FEI Number

36-4326708

Applied For

Not Applicable

Zip

60606

Country

US

Zip

60606

Country

US

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	CEO	MGRM	<input checked="" type="checkbox"/> Delete
NAME	John Bucksbaum		
STREET ADDRESS	110 N. Wacker		
CITY-ST-ZIP	Chicago IL 60606		
TITLE	CEO	MGRM	<input checked="" type="checkbox"/> Delete
NAME	Bernard Freibaum		
STREET ADDRESS	110 N. Wacker		
CITY-ST-ZIP	Chicago IL 60606		
TITLE	PCOOD	MGRM	<input checked="" type="checkbox"/> Delete
NAME	Robert A. Michaels		
STREET ADDRESS	110 N. Wacker		
CITY-ST-ZIP	Chicago IL 60606		
TITLE	GCP/HOMART II L.L.C	MGRM	<input type="checkbox"/> Delete
NAME	110 N. Wacker		
STREET ADDRESS	Chicago, IL 60606		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003313613--3	
STREET ADDRESS	-07/05/00--01100--006	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:



Bernard Freibaum

4-18-00

(312) 960-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)