2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State DOCUMENT # M9900001940 04-04-2002 90086 050 ****50.00 ALTAMONTE SPRINGS MALL L.L.C. Mailing Address Principal Place of Business 110 NORTH WACKER DRIVE 110 NORTH WACKER DRIVE CHICAGO IL 60606 CHICAGO IL 60606 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FFI Number Applied For City & State City & State 36-4326708 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition TITI F MGRM ☐ Delete GGP/HOMART II L.L.C. NAME NAME STREET ADDRESS STREET ADDRESS 110 N. WACKER CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME¹ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Bernard Freibeum