

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000835

Entity Name: SPG AVENUES, LLC**Current Principal Place of Business:**225 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204**Current Mailing Address:**225 W. WASHINGTON ST., PO BOX 7033
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46207**FEI Number:** 87-0742032**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SIMON PROPERTY GROUP, L.P.
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title SEC AND GC
Name FIVEL, STEVEN E.
Address 225 W. WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title EVP, CFO
Name MCDADE, BRIAN
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title CAO
Name RULLI, JOHN
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title COB, CEO AND PRESIDENT
Name SIMON, DAVID
Address 225 W. WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY
Name KELLY, KEVIN M
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title EXECUTIVE VICE PRESIDENT -
TREASURER
Name FREY, DONALD G
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THERESA MCCLURE**AUTHORIZED REP.**

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date