2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400001451

Entity Name: PENSACOLA CORDOVA LAND, 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 46207-7033

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No.

FILED Apr 26, 2021

Secretary of State

3719232958CC

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
 Title
 SECRETARY AND GC

 Name
 SIMON PROPERTY GROUP, LP
 Name
 FIVEL, STEVEN E

Address 225 W. WASHINGTON ST. Address 225 W WASHINGTON ST City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title EVP, CFO, TREASURER Title PRESIDENT OF MALLS - CAO

Name MCDADE, BRIAN Name RULLI, JOHN

Address 225 W. WASHINGTON ST. Address 225 W. WASHINGTON ST. City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title COB AND CEO Title ASST. SECRETARY

NameSIMON, DAVIDNameSNYDER, ALEXANDER LWAddress225 W. WASHINGTON ST.Address225 W WASHINGTON ST.City-State-Zip:INDIANAPOLIS IN 46204City-State-Zip:INDIANAPOLIS IN 46204

Title COO AND PRESIDENT

Name SOKOLOV, RICHARD S

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: STEVEN E. FIVEL

Electronic Signature of Signing Authorized Person(s) Detail

SECRETARY

04/26/2021

Date