

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002503

Entity Name: ORLANDO OUTLET OWNER LLC

Current Principal Place of Business:

225 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

Current Mailing Address:

225 W. WASHINGTON ST., P.O. BOX 7033
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46207-7033 US

FEI Number: 20-2288345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
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	CHAIRMAN OF THE BOARD
Name	ORLANDO OUTLET & DESIGN OWNER LLC	Name	SIMON, DAVID
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	EXECUTIVE VICE PRESIDENT - CHIEF OPERATING OFFICER	Title	VP
Name	SILVESTRI, MARK	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	VP	Title	VP
Name	THYGESEN, MIKAEL	Name	BROAS, MATTHEW
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	SECRETARY	Title	VP
Name	FIVEL, STEVEN	Name	MCDADE, BRIAN
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204

Continues on page 2

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.

04/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AREA GM
Name BEABRUN, VALERIE
Address 4951 INTERNATIONAL DRIVE
City-State-Zip: ORLANDO FL 32819

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

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