

2016 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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. BOX7033
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46207-7033**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
Name ORLANDO OUTLET & DESIGN OWNER LLC
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title CEO
Name YALOF, STEPHEN
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name WEINSTEIN, LAWRENCE
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name JUSTER, ANDREW
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title CHAIRMAN OF THE BOARD
Name SIMON, DAVID
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title EXECUTIVE VICE PRESIDENT - CHIEF OPERATING OFFICER
Name SILVESTRI, MARK
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name SOKOLOV, RICHARD S
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

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

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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**ASSISTANT SECRETARY 08/24/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name DEVITA, DANIELLE
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name BROAS, MATTHEW
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name BARKLEY, JAMES M
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY
Name FIVEL, STEVEN
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name THYGESEN, MIKAEL
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204

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

Title ASSISTANT SECRETARY
Name GUGIG, DARRYL
Address 225 W. WASHINGTON ST.
City-State-Zip: INDIANAPOLIS IN 46204