

**2024 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  
Name ORLANDO OUTLET & DESIGN OWNER LLC  
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 BROAS, MATTHEW  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

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

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

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

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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****SECRETARY****04/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

Title CHIEF ACCOUNTING OFFICER  
Name REUILLE, ADAM  
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