Electronic Signature of Signing Authorized Person(s) Detail

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002751

Entity Name: SIMON SILVER SANDS HOLDINGS, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 45-5278991

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

Authorized Person(s) Detail :

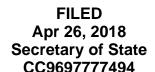
/ achielized i			
Title	MGRM	Title	VP
Name	SIMON PROPERTY GROUP, L.P.	Name	BROAS, MATTHEW J
Address	225 W. WASHINGTON ST., PO BOX	Address	225 W. WASHINGTON STREET
City-State-Zip:	7033 INDIANAPOLIS IN 46207-7033	City-State-Zip:	INDIANAPOLIS IN 46204
ony otato zip.		Title	SECRETARY
Title	VP	Name	FIVEL, STEVEN E
Name	DEVITA, DANIELLE	Address	225 W WASHINGTON ST
Address	225 W. WASHINGTON ST.		INDIANAPOLIS IN 46204
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 40204
		Title	VP
Title	ASST. SECRETARY	Name	JUSTER, ANDREW
Name		Address	225 W WASHINGTON ST
Address	225 W. WASHINGTON ST.	City-State-Zip:	INDIANAPOLIS IN 46204
City-State-Zip:	INDIANAPOLIS IN 46204		
Title	TREASURER	Title	VP
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	Continuos	
		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: STEVEN E FIVEL

horized Person(s) Detail

AUTHORIZED PERSON



Certificate of Status Desired: No

Date

Authorized Person(s) Detail Continued :

Title	COO AND EVP	Title	СОВ
Name	SILVESTRI, MARK	Name	SIMON, DAVID
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON STREET
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	ASST. SECRETARY	Title	VP
Name	SNYDER, ALEXANDER L.W.	Name	SOKOLOV, RICHARD S
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	WEINSTEIN, LAWRENCE
Address	225 W. WASHINGTON STREET	Address	225 W. WASHINGTON STREET
City-State-Zip:	INDIANAPOLIS IN 46207-7033	City-State-Zip:	INDIANAPOLIS IN 46207-7033
Title	CEO		

Address 225 W. WASHINGTON ST.

Name

YALOF, STEPHEN

City-State-Zip: INDIANAPOLIS IN 46204