2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004403

Entity Name: TAMPA PREMIUM OUTLETS, LLC

Current Principal Place of Business:

225 W. WASHINGTON ST. INDIANAPOLIS, IN 46204

Current Mailing Address:

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

FEI Number: 27-5555509 Certificate of Status Desired: No

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

FILED Jun 29, 2020

Secretary of State

2429723126CC

Authorized Person(s) Detail:

Title MBR Title VP

Name SIMON PROPERTY GROUP, L.P. Name BROAS, MATTHEW J

Address 225 W. WASHINGTON ST. Address 225 W. WASHINGTON STREET

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY Title ASST. SECRETARY
Name FIVEL, STEVEN E. Name GUGIG, DARRYL E

Address 225 W WASHINGTON ST.

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title VP AND 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

Title COO AND EVP Title COB

Name SILVESTRI, MARK Name SIMON, DAVID

Address 225 W. WASHINGTON ST. Address 225 W. WASHINGTON STREET

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

Electronic Signature of Signing Authorized Person(s) Detail

SECETARY

06/29/2020

Date

Authorized Person(s) Detail Continued:

Title ASST. SECRETARY Title VP

Name SNYDER, ALEXANDER L.W. Name THYGESEN, MIKAEL

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 CEO

Name WEINSTEIN, LAWRENCE Name YALOF, STEPHEN

Address 225 W. WASHINGTON ST. Address 225 W. WASHINGTON ST.

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204