

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400004403

**Entity Name:** TAMPA PREMIUM OUTLETS, LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**5347632610CC**

**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

**Authorized Person(s) Detail :**

Title MBR  
Name SIMON PROPERTY GROUP, L.P.  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

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

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

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

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

Title VP AND TREASURER  
Name MCDADE, BRIAN  
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 COO AND EVP  
Name SILVESTRI, MARK  
Address 225 W. WASHINGTON ST.  
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:** STEVEN E FIVEL

**SECRETARY**

**05/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

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

Title COB  
Name SIMON, DAVID  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name THYGESEN, MIKAEL  
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 ASST. SECRETARY  
Name SNYDER, ALEXANDER L.W.  
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