#### Electronic Signature of Signing Authorized Person(s) Detail

# 2024 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

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Apr 08, 2024 Secretary of State 6498975181CC

Certificate of Status Desired: No

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 :

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	VP		
Name	FIVEL, STEVEN E.	Name	MCDADE, BRIAN		
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	COO AND EVP		
Name	RULLI, JOHN	Name	SILVESTRI, MARK		
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.		
Address City-State-Zip:	225 W. WASHINGTON ST. INDIANAPOLIS IN 46204	Address City-State-Zip:	225 W. WASHINGTON ST. INDIANAPOLIS IN 46204		
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204		
City-State-Zip: Title	INDIANAPOLIS IN 46204 COB	City-State-Zip: Title	INDIANAPOLIS IN 46204 ASST. SECRETARY		
City-State-Zip: Title Name	INDIANAPOLIS IN 46204 COB SIMON, DAVID	City-State-Zip: Title Name	INDIANAPOLIS IN 46204 ASST. SECRETARY KELLY, KEVIN M		

## 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 AND GENERAL COUNSEL 04/08/2024

Date

Date

# Authorized Person(s) Detail Continued :

Title	TREASURER	Title	CHIEF ACCOUNTING OFFICER
Name	FREY, DONALD G	Name	REUILLE, ADAM
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON STREET
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN