## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000006292

Entity Name: SIMON FLORIDA MALL, INC.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
115 WEST WASHINGTON STREET, SUITE 15E. INDIANAPOLIS, IN 46204				115 WEST WASHINGTON STREET SUITE 15E INDIANAPOLIS, IN 46204		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 7066, TAX DEPT. INDIANAPOLIS, IN 46207				115 W. WASHINGTON STREET, SUITE 15E C/O CORPORATE PARALEGAL INDIANAPOLIS, IN 46204		
FEI Number:	59-2582590	FEI Number Applied For ( )	FEI Nun	nber Not Appl	olicable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	d Address of New Registered Agent:	
1200 SOUT PLANTATIO	ORATION SYS TH PINE ISLAN DN, FL 33324 named entity s	ID ROAD US	rpose o	of changing i	its registered office or registered agent, or both,	
in the State	of Florida.	·		3 3		
SIGNATUR		ic Signature of Registered Agen	·+		Date	
Election Carr		Trust Fund Contribution ( ).	ıı		Date	
		, ,				
OFFICERS	AND DIRECT	ORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	SIMON, MELVIN	SHINGTON STREET, SUITE 15E.		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SIMON, HERBE	SHINGTON STREET, SUITE 15E.		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SOKOLOV, RICI	SHINGTON STREET, SUITE 15E.		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BARKLEY, JÀMI	SHINGTON STREET, SUITE 15E.		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FOXWORTHY, I	SHINGTON STREET, SUITE 15E.		Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition SCHMIDT, JAMES A 115 WEST WASHINGTON STREET, SUITE 15E. INDIANAPOLIS, IN 46204	
Title: Name: Address: City-St-Zip:	JUSTER, ANDRI	SHINGTON STREET, SUITE 15E.		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. SCHMIDT AS 01/18/2005