

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002266

Entity Name: PALM BEACH MALL, LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

115 W. WASHINGTON ST., SUITE 15E
INDIANAPOLIS, IN 46204

New Principal Place of Business:

225 W. WASHINGTON ST.
PO BOX 7033
INDIANAPOLIS, IN 46207

Current Mailing Address:

115 W. WASHINGTON STREET, SUITE 15E
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46204

New Mailing Address:

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

FEI Number: 52-2373810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMON PROPERTY GROUP, , L.P.
Address: 115 W. WASHINGTON ST.
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGRM () Delete
Name: SIMON PALM BEACH, LL, C
Address: 115 W. WASHINGTON ST.
City-St-Zip: INDIANAPOLIS, IN 46204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES A. SCHMIDT

AS

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date