2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# M03000002546

Entity Name: ST. JOHNS TOWN CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

% CORPORATE PARALEGAL
115 W. WASHINGTON STREET
INDIANAPOLIS, IN 46204

New Mailing Address:

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

FEI Number: 26-0068397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE STREET
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: MGR ( ) Delete
Name: SIMON PROPERTY GROUP, , L.P.
Address: 115 W. WASHINGTON STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGR ( ) Delete
Name: DEERWOOD PARTNERS, L, LC
Address: 950 EAST PACES FERRY ROAD, SUITE 900
City-St-Zip: ATLANTA, GA 30326

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 04/19/2006

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