

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002546

FILED
Apr 18, 2007
Secretary of State

Entity Name: ST. JOHNS TOWN CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

225 W. WASHINGTON ST.
INDIANAPOLIS, IN 46204

Current Mailing Address:

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

New Mailing Address:

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: MGR (X) Change () Addition
Name: SIMON PROPERTY GROUP, , L.P.
Address: 225 W. WASHINGTON ST.
City-St-Zip: INDIANAPOLIS, IN 46204

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

04/18/2007

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