2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# M04000001631

Entity Name: COCONUT POINT DEVELOPERS, 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 46207

Current Mailing Address:

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

New Mailing Address:

FEI Number: 34-1992045 **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 WEST WASHINGTON STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGRM ( ) Delete
Name: DILLARD'S, INC.,
Address: P.O. 1600 CANTELL ROAD
City-St-Zip: LITTLE ROCK, AR 72201

ADDITIONS/CHANGES:

Title: MGRM (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 04/17/2007

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