

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002418

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: SPG CAPITAL VII, 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:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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, , LP  
Address: 115 WEST WASHINGTON ST, STE 15E  
City-St-Zip: INDIANAPOLIS, IN 46204

**ADDITIONS/CHANGES:**

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

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