

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003949

FILED
May 01, 2006
Secretary of State

Entity Name: SPG HEAD GP, LLC

Current Principal Place of Business:

115 WEST 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:

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

New Mailing Address:

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

FEI Number: 35-2170639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: MGR () Delete
Name: SIMON PROPERTY GROUP, , L.P.
Address: 115 WEST WASHINGTON STREET, SUITE 15E
City-St-Zip: INDIANAPOLIS, IN 46204

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMON PROPERTY GROUP, , L.P.
Address: 225 W. WASHINGTON ST., PO BOX 7033
City-St-Zip: INDIANAPOLIS, IN 46207

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

05/01/2006

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