Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

SEP 16

LLC REGISTERED AGENT CHANGE **ELLENTON EXPANSION LLC**

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G. MCLEOD

SEP 17 2010

EXAMINER

9/16/2010

COVER LETTER

SUBJECT: Ellenton Expansion LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tracy L. Reinholt Name of Person Simon Property Group Fina/Company 225 W. Washington St., P.O. Box 7033 Address Indianapolis, IN 46207-7033 City/State and Zip Code Trainl address (to be used for future annual report notification) For further information concerning this matter, please call: Tracy L. Reinholt at (317) 263-7131 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallabassee, Florida 32301 Enclosed is a check for the following amount: \$\textstyle{\text{S55}} \text{Filing Fee & Certified Copy}	TO:	Registration Section Division of Corporations					
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Tallahassee, Florida 32301 Enclosed is a check for the following amount:			P.O. Box 6327				
Enclosed is a check for the following amount:		2661 Executive Center Circle		Tai	labassec	, Florida 32314	
		Tallahassee, Florida 32301					
S25 Filing Fee & Certified Copy	Enclosed is a check for the following amount:						
		S25 Filing Fee		□ \$5	5 Filin	g Fee & Certified Copy	
INHS18 (2/08)	INHSIB	(5/08)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. Ellenton Expansion LLC 1. Name of the limited liability company: C/O PRIME RETAIL, L.P. 2. (a) Principal office address of limited liability company:

C/O PRIME RETAIL, L.P. (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 217 East Redwood St., 20th Fl.

M08000001584 04/02/2008 3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI Services, Inc. 2731 Executive Park Drive, Suite 4 Registered Office Address: Weston, FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

(Note: MUST BE STREET ADDRESS)

CT Corporation System

217 East Redwood St., 20th Fl.

Baltimore, MD 21202

Baltimore, MD 21202

NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island

Plantation

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited reliability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as therewise provided in the articles of organization the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member

James M. Barkley, Secretary "Authorized Representative" Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallabassee, FL 32314 **FILING FEE: \$25.00**

INHS18 (05/08)