2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 12, 2025
Secretary of State
4711103210CC

DOCUMENT# L08000093941

Entity Name: BRICKELL CITY CENTRE RETAIL LLC

Current Principal Place of Business:

701 S. MIAMI AVE.
MIAMI, FL 33130

Current Mailing Address:

225 W WASHINGTON ST
INDIANAPOLIS, IN 46204 US

FEI Number: 26-3768205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: ABIGAIL FAFOGLIA 08/12/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	CHAIRMAN, CEO, PRESIDENT
Name	SIMON, DAVID
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

Title	SECRETARY, GENERAL COUNSEL
Name	FIVEL, STEVEN E.
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

Title	ASST. SECRETARY, ASST. GENERAL COUNSEL
Name	KELLY, KEVIN M.
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

Title	SR. VICE PRESIDENT, CHIEF ACCOUNTING OFFICER
Name	REUILLE, ADAM
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

Title	EXECUTIVE VICE PRESIDENT, COO
Name	SIMON, ELI
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

Title	EXECUTIVE VICE PRESIDENT, TREASURER
Name	FREY, DONALD G.
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

Title	EXECUTIVE VICE PRESIDENT, CFO
Name	MCDADE, BRIAN J.
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

Title	CHIEF ADMINISTRATIVE OFFICER
Name	RULLI, JOHN
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN M. KELLY ASST. SECRETARY 08/12/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date