2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000835

Entity Name: SPG AVENUES, LLC

Current 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

FEI Number: 87-0742032 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:

Electronic Signature of Registered Agent

Date

FILED May 01, 2019

Secretary of State

5971232454CC

Authorized Person(s) Detail:

Title Title MGRM SEC AND GC Name SIMON PROPERTY GROUP, L.P. Name FIVEL, STEVEN E.

Address 225 W. WASHINGTON ST. Address 225 W. WASHINGTON STREET

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

PRESIDENT OF MALLS - CAO **SVP - TREASURER** Title Title

Name RULLI, JOHN Name MCDADE, BRIAN

225 W. WASHINGTON ST. Address Address 225 W. WASHINGTON ST. City-State-Zip: INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip:

Title ASST. SECRETARY Title COB AND CEO

Name SNYDER, ALEXANDER L.W. Name SIMON, DAVID Address 225 W. WASHINGTON ST. Address 225 W. WASHINGTON STREET City-State-Zip: INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip:

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: STEVEN FIVEL

Electronic Signature of Signing Authorized Person(s) Detail

05/01/2019 **SECRETARY**

Date