

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0300000835

**Entity Name:** SPG AVENUES, LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC9648961312**

**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

**Authorized Person(s) Detail :**

Title MGRM  
Name SIMON PROPERTY GROUP, L.P.  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title SEC AND GC  
Name FIVEL, STEVEN E.  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title EVP - CFO  
Name JUSTER, ANDREW  
Address 225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title SVP - TREASURER  
Name MCDADE, BRIAN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT OF MALLS - CAO  
Name RULLI, JOHN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title COB AND CEO  
Name SIMON, DAVID  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. SECRETARY  
Name SNYDER, ALEXANDER L.W.  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title COO AND PRESIDENT  
Name SOKOLOV, RICHARD S  
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:** STEVEN E. FIVEL

**AUTHORIZED PERSON**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date